



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

EDWIN E. JOHNSTONE, MD

Respondent Name

ACE AMERICAN INSURANCE CO

MFDR Tracking Number

M4-16-0443-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

OCTOBER 19, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Enclosed are the reports, claims, and several fax resolutions that correspond to the dates of the claims NOT paid."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier maintains the dispute as this is an extent of injury dispute."

Response Submitted by: Broadspire

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 23, 2015 June 22, 2015	CPT Code 99215	\$250.00/ea	\$0.00
May 20, 2015	CPT Code 99214	\$150.00	\$0.00
TOTAL		\$650.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 effective March 1, 2008, sets the reimbursement guidelines for the disputes service.

3. Neither party to the dispute submitted copies of explanation of benefits for the disputed services.

Issues

1. Did the respondent submit the response in accordance with 28 Texas Administrative Code §133.307?
2. Is the requestor entitled to reimbursement for code 99215?

Findings

1. The respondent states in the position summary that “The carrier maintains the dispute as this is an extent of injury dispute.”

28 Texas Administrative Code §133.307(d)(F) states, “The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. If the response includes unresolved issues of compensability, extent of injury, liability, or medical necessity, the request for MFDR will be dismissed in accordance with subsection (f)(3)(B) or (C) of this section.”

The Division finds that the respondent raises issues in the position summary that were not presented to the requestor prior to the date the request for MFDR was filed with the division. As states above, neither party to the dispute submitted copies of the explanation of benefits to support the issues raised in the position summary; therefore, the response was not submitted in accordance with 28 Texas Administrative Code §133.307. As a result, the disputed services will be reviewed per applicable Division rules and guidelines.

2. On the disputed dates of service, the requestor billed for office visits, codes 99215 and 99214. The requestor emailed the Division on November 2, 2015 that payment was issued for the office visit, code 99214, rendered on May 20, 2015 and was no longer in dispute; therefore, the Division will not consider this service any further.

This dispute pertains to the two office visits, coded 99215, rendered on March 23, and June 22, 2015.

28 Texas Administrative Code §134.203(a)(5) states “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

CPT code 99215 is defined as “Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.”

A review of the submitted documentation does not meet the required 2 of these 3 key components to support billing CPT code 99215. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

11/19/2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.