



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
PEAK INTEGRATED HEALTHCARE

Respondent Name
FEDERAL INSURANCE COMPANY

MFDR Tracking Number
M4-22-2036-01

Carrier's Austin Representative
Box Number 17

DWC Date Received
May 16, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 15, 2021	99204 and 99080-73	\$298.41	\$0.00
Total		\$298.41	\$0.00

Requestor's Position

"The attached dates of service were denied payment unjustly initially as 'service unsubstantiated by documentation.' This is INCORRECT... The office visit was an extensive initial visit, an exam was performed, numerous referrals were made, a work status report was completed, and the patient's history was discussed in detail which means we have met all key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity."

Amount in Dispute: \$298.41

Respondent's Position

"CorVel determined the medical billing for date of service 11/15/21 does not fulfill documentation requirements per division rules based on updated coding guidelines outlined by the AMA Evaluation & Management Guidelines... Based on review of the documentation presented by the requestor there appears to be several components that do not fulfill the requirements for submission of CPT Code 99204. The documentation fails to show a presenting problem of moderate to high severity. Per AMA Evaluation & Management Guidelines (Exhibit I) a presenting problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other reason for encounter, with or without a diagnosis being established at the time of the encounter... The documentation goes on to list the level of office visit performed as 99204. The documentation presented by the requestor does provide a plan for follow-up care however, it is not consistent with the nature of a presenting problem of moderate to high severity."

Response Submitted by: CORVEL

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §129.5, sets out the procedure for reporting and billing work status reports.
4. 28 TAC §134.204 sets out the fee guidelines for Workers' Compensation specific services.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 150 – Payment adjusted/unsupported service.
- G4P – Services unsubstantiated by documentation.
- 954 – Provider submitted corrected billing.

Issues

1. Did the insurance carrier submit sufficient documentation to support that payment was issued for CPT Code 99080-73?
2. Is the Insurance Carrier's denial reason(s) supported for CPT Code 99204?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT code 99080-73 defined as "Work Status Report." The disputed service was rendered on November 15, 2021.

28 TAC §134.204 (l) states "The following shall apply to Work Status Reports. When billing for a Work Status Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section, refer to §129.5 of this title (relating to Work Status Reports)."

28 TAC §129.5(i)(1) states "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15. A doctor shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section."

A review of the submitted documentation finds the requestor was reimbursed \$15.00 for CPT Code 99080-73 rendered on November 15, 2021 under check #005824603, issued on February 1, 2022. As a result, additional reimbursement is not recommended.

2. The requestor seeks reimbursement in the amount of \$298.41, for CPT Code 99204 rendered on November 15, 2021.

The insurance carrier denied the office visit due to documentation does not support the level of service billed.

28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

CPT code 99204 is defined as "Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate 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, 45 minutes are spent face-to-face with the patient and/or family."

The DWC finds that the submitted documentation does not support the level of service billed; as a result, reimbursement cannot be recommended.

3. The DWC finds that the requestor is not entitled to reimbursement for CPT Code 99204 rendered on November 15, 2021.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The DWC finds the requester has established that reimbursement of \$0.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 9, 2022
Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

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

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.