TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
PEAK INTEGRATED HEALTHCARE

Respondent Name
STARR INDEMNITY & LIABILITY CO

MFDR Tracking Number
M4-23-0372-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
October 13, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 29, 2022	Code 99204	$306.32	$0.00

Requestor's Position

The date of service was denied full payment due to "information submitted does not support this level of service."

Amount in Dispute: $306.32

Respondent's Position

In this matter, Requestor billed CPT code 99204, the highest level office visit. This code requires a comprehensive history, a comprehensive examination, and medical decision making of moderate complexity. The examination performed was not a 'comprehensive' examination as only 5 systems were examined. Therefore, the examination was only a 'detailed examination. Per the AMA CPT code manual, a 'detailed examination is the requirement for CPT code 99203.

Response Submitted by: Downs Stanford PC

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 §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 TAC §134.203 sets out the fee guidelines for professional medical services.

Denial Reasons

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

- 90168 – Payment adjusted because the payer deems the information submitted does not support this level of service
- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service
- 5352 – CV Service reduced/denied as level of E&M code submitted is not supported by documentation

Issues

1. Is the Insurance Carrier's denial reason supported for CPT code 99204?

2. Is the Requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement in the amount of $306.32, for CPT Code 99204 rendered on June 29, 2022.

   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 a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code

selection, 45-59 minutes of total time is spent on the date of the encounter."

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

2. The DWC finds that the requestor is not entitled to reimbursement for CPT Code 99204 rendered on June 29, 2022.

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.

DWC finds the requester has not established that additional reimbursement is due.

Order

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

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	November 16, 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 electronico CompConnection@tdi.texas.gov.