



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

KYLE ELLIOTT JONES

**Respondent Name**

AMERICAN ZURICH INSURANCE COMPANY

**MFDR Tracking Number**

M4-23-1049-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

January 9, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 31, 2022	99204	\$293.24	\$293.24
	<b>Total</b>	\$293.24	\$293.24

### Requestor's Position

"The invoice was faxed to this new number. On 7/6/22 we received \$15 for the work status report. The E/M, 99204, was denied – "Neither a moderate level of medical decision making nor time spent has been adequately documented in the patient record. Please recode & resubmit or provide additional documentation." The medical note clearly states that 61 minutes was spent on this visit."

**Amount in Dispute:** \$293.24

### Respondent's Position

"1. The requestor, Kyle Elliott Jones, MD billed 99204 for DOS 5/31/2022 in the amount of \$293.24. Per the AMA, effective 1/1/2021, a moderate level of decision making should be documented to support 99204. CorVel deemed that the documentation submitted for 99204 did not meet AMA criteria."

**Response Submitted by:** CORVEL

## Findings and Decision

### Authority

Medical fee disputes are decided in accordance with Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 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.

### Denial Reasons

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

- R1 – Duplicate billing.
- 18 – Duplicate claim/service.
- Note: Neither a MODERATE level of Medical Decision Making (MDM) nor Time spent has been adequately documented in the patient record (2021 CPT). Please recode & Resubmit or provide additional documentation.
- 04P – Service unsubstantiated by documentation.
- 150 – Payment adjusted/unsupported service level.

### Issues

1. Are the insurance carrier's denial reasons supported?
2. Is the requestor entitled to reimbursement for CPT Code 99204?
3. Is the Requestor entitled to reimbursement?

### Findings

1. The requestor seeks reimbursement for CPT Code 99204 rendered on May 31, 2022.

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."

The requestor billed CPT Code 99204.

- CPT Code 99204 is described 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 28 TAC §134.203 applies to CPT Code 99204.

CPT Codes 99204 rendered on May 31, 2022 was denied with denial reasons indicated above. A review of the medical documentation (Supplemental Charting Notes) finds insufficient documentation to support the denial reasons raised by the insurance carrier. The DWC finds that the requestor submitted sufficient documentation to support the billing and documentation of CPT Code 99204. As a result, the requestor is entitled to reimbursement for the disputed service.

2. 28 TAC §134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

Service was rendered in 2022.

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the service was rendered in zip code 75462; the Medicare locality is "Rest of Texas."
- The Medicare Participating amount at this locality is \$162.91.
- Using the above formula, the DWC finds the MAR is \$294.03.

The respondent paid \$0.00. The requestor seeks \$293.24, applicable 28 TAC 134.203(h) states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount, as a result the requestor is entitled to \$293.24.

3. Accordingly, the DWC finds that the requestor is entitled to reimbursement in the amount of \$293.24.

### 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 requestor has established that reimbursement of \$293.24 is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$293.24 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

_____	_____	March 27, 2023
Signature	Medical Fee Dispute Resolution Officer	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](http://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 three or email [CompConnection@tdi.texas.gov](mailto: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](mailto:CompConnection@tdi.texas.gov).