



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Protective Insurance Co.

MFDR Tracking Number

M4-23-1404-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

February 15, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
12/06/2022	99204	\$306.32	\$0.00
12/06/2022	99080-73	\$15.00	\$0.00
Total		\$321.32	\$0.00

Requestor's Position

"The date of service was denied full payment due to 'SERVICES UNSUBSUBSTANTIATED BY DOCUMENTATION.' This is INCORRECT. There was a comprehensive examination that involved extensive orthopedic testing, motor function/muscle testing of CERVICAL, LUMBAR, AND SHOULDER EXAM. There was also a history taken of injuries and symptoms. Finally, there was a plan made for future treatment. Three of the components were met, and because this was an initial appointment, it took more time to define the history, complete an exam on MULTIPLE body parts, and make a plan for care going forward. See definition of CPT CODE 99204 below. And a DWC-73 is billed at \$15.00." *Note that this position statement is taken from the Request for Reconsideration.

Amount in Dispute: \$321.32

Respondent's Position

"Pursuant to Rule 133.210 Medical Documentation. (c)(1) (for)The two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes. In 2021, CPT/AMA changed the requirements for billing E/M level codes. Per CPT, 99204 description is now: *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. Additionally, the lay description of the code indicates: Code selection is based on the level of medical decision making (MDM) or total time personally spent by the physician and/or other qualified health care professional(s) on the date of the encounter. Factors to be considered in MDM include the number and complexity of problems addressed during the encounter, amount and complexity of data requiring review and analysis, and the risk of complications and/or morbidity or mortality associated with patient management. The requestor billed 99204 for DOS 1/25/2022 in the amount of \$306.32 and 99080-73 \$15.00 (Note: Despite the requestor including this code with their MFDR, this code was paid as you can see in the attached EOR). Corvel deemed that the documentation submitted for 99204 did not meet AMA criteria."

Response Submitted by: Protective Insurance Co.

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 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 fee guidelines for the DWC73 reports.

Denial Reasons

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

- 04P – Services unsubstantiated by documentation.
- 150 – Payment adjusted / unsupported service level.
- W3 – Appeal / Reconsideration.
- 73 – Work Status Report.
- Noted the statement on EOB, below disputed service line, reads: "Neither a MODERATE level of Medical Decision Making (MDM) or Time spent has been adequately documented in the patient record (2021 CPT). Please recode & resubmit or provide additional documentation."

Issues

1. What rules apply to the disputed services?
2. Is the requestor entitled to reimbursement for CPT Code 99204?
3. Is the requestor entitled to additional reimbursement for CPT Code 99080-73?

Findings

1. 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."
2. The requestor is seeking reimbursement in the amount of \$306.32 for CPT Code 99204 rendered on December 6, 2022.
 - 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."
 - A review of submitted documentation finds that requestor's documentation for CPT 99204 does not meet AMA criteria and therefore does not support request for reimbursement.
3. Requestor is seeking reimbursement in the amount of \$15.00 for CPT code 99080-73 rendered on December 6, 2022. Documentation presented shows that CPT Code 99080-73 was reimbursed by the respondent in accordance with 28 TAC §129.5(i)(1) states ".... 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 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 following:

The DWC 73 rendered on December 6, 2022, met the documentation requirements outlined in 28 TAC §129.5.

Per the submitted Explanation of Review the requestor was appropriately reimbursed \$15.00 by the respondent for the report.

The Division finds that the requestor is therefore not entitled to further reimbursement for CPT Code 99080-73.

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 Division finds the requestor has not established that reimbursement is due.

ORDER

Under Texas Labor Code §§413.031, the Division has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	March 17, 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. 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.