



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Orthopedic & Sports Medicine A

Respondent Name

Chubb Indemnity Insurance Co.

MFDR Tracking Number

M4-23-1585-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

March 8, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
12/12/2022	99204	\$434.00	\$0.00
Total		\$434.00	\$0.00

Requestor's Position

"Please reprocess code 99204 for payment. We feel you denied it in error. In order to bill 99204, 3 components have to be met. Dr. did that: 1) Comprehensive examination (It is located in our dictation under "History of Present Illness" 2) A comprehensive examination (listed under General exam, Right Knee exam & additional exam, diagnostic test) 3) Medical decision making (He had to do these things to come up with a diagnosis and treatment plan). This was a new patient for us. The first time to see patient for this work comp injury. This patient was treated in "Good Faith" and the doctor should be reimbursed properly... At this time, we are asking for you to pay 99204 and interest. You received a clean claim." *Note that this position statement is taken from the reconsideration request.

Amount in Dispute: \$434.00

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... 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.

1. The requestor billed 99204 for DOS 12/12/2022 in the amount of \$434.00... Corvel deemed that the documentation submitted for 99204 did not meet AMA criteria... The requestor, in their request for reconsideration, included outdated requirements for billing of code 99204..."

Response Submitted by: Chubb Indemnity 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 §133.210 sets out medical documentation requirements for reimbursement of medical services.

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.
- 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?

Findings

1. The division finds that 28 TAC §133.210(c)(1) applies to reimbursement of CPT code 99204.

28 Texas Administrative Code(TAC) §133.210(c)(1) sets out medical documentation requirements, stating in pertinent part "In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: 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...”

The division finds that 28 TAC §134.203(b)(1) applies to reimbursement of CPT code 99204.

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 \$434.00 for CPT Code 99204 rendered on December 12, 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 (MDM). When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.”
- The American Medical Association (AMA) CPT Code and Guideline Changes, effective January 1, 2021, can be found at: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>. In summary, CPT 99204 documentation must contain two out of three of the following elements: 1) moderate level of number and complexity of problems addressed 2) moderate level of amount and/or complexity of data to be reviewed and analyzed 3) moderate risk of morbidity/mortality of patient management OR must document 45-59 minutes of total time spent on the date of patient encounter.
- An interactive E&M scoresheet tool is available at: <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet>
- A review of submitted medical documentation finds that a moderate level of MDM was not met in the elements of 1) number and complexity of problems addressed 2) moderate risk of morbidity/mortality of patient management. Submitted medical record shows no documentation of time spent on date of encounter. For these reasons, medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99204.
- The division finds that the requestor is not entitled to reimbursement for CPT code 99204 rendered on December 12, 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.

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

Signature

Medical Fee Dispute Resolution Officer

March 28, 2023
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.