



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Gary Richard Williams

Respondent Name

Sirius America Insurance Co.

MFDR Tracking Number

M4-23-1615-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 9, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
06/23/2022	99205	\$404.22	\$0.00
Total		\$404.22	\$0.00

Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not responded or has denied this claim in its entirety following our filing of Request for Reconsideration. Therefore, we are filing for Medical Dispute Resolution at this time per Rule 133.307. We are providing supporting documentation specifically explaining and outlining our position... Please note that an office consultation/examination was performed and documented... Additionally, as you can see from the attached report an examination was performed and documented as a Detailed Examination component and billed as 99202. See report for all 6 elements required for a general multi-system examination. Per the attached documentation all components have been met for CPT Code 99202. The consultation report clearly supports an expanded problem focused history, an expanded problem focused examination and a straightforward medical decision..."

*Please note that although this position statement refers to CPT code 99202 as the code billed, documentation submitted finds that 99205 was the code billed in this dispute. Therefore, CPT code 99205 rendered on June 23, 2022, will be service code to be adjudicated in this dispute.

Amount in Dispute: \$404.22

Respondent's Position

"The requestor, Gary R. Williams, MD billed 99205 for DOS 6/23/2022 in the amount of \$404.22. Per the AMA, effective 1/1/2021, a moderate level of decision making should be documented to support 99205. Corvel deemed that the documentation submitted for 99205 did not meet AMA criteria. In order for 99205 to be validated for reimbursement, 1) documentation must contain high levels of the number and complexity of problems addressed. The DX billed.... rates as 'low' in terms of Complexity of Problem(s) addressed; 2) Amount and/or complexity of data to be reviewed and analyzed does not meet high level; 3) Risk of complications and/or morbidity or mortality of patient management – Prescription management. Documentation does not specify amount of time with patient. All 3 factors considered, HCP did not bill, document, nor meet a high level of Medical Decision Making, thus payment denial was maintained."

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 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 statement on EOB, reads: "Neither a HIGH 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 99205?

Findings

1. The division finds that 28 TAC §133.210(c)(1) applies to reimbursement of CPT code 99205.

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 99205.

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 \$404.22 for CPT Code 99205 rendered on June 23, 2022.

- CPT Code 99205 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 high level of medical decision making (MDM). When using time for code selection, 60-74 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 99205 documentation must contain all three of the following elements: 1) high level of number and complexity of problems addressed 2) extensive level of amount and/or complexity of data to be reviewed and analyzed 3) high risk of morbidity/mortality of patient management OR must document 60-74 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 high level of MDM was not met in the elements of 1) number and complexity of problems addressed 2) high 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 99205.
- The division finds that the requester is not entitled to reimbursement for CPT code 99205 rendered on June 23, 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 requester 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

_____	_____	<u>March 30, 2023</u>
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.

