



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Wesco Insurance Co.

MFDR Tracking Number

M4-23-1816-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

March 22, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
01/09/2023	99204	\$321.13	\$0.00
Total		\$321.13	\$0.00

Requestor's Position

"This was denied payment due to 'CLAIM LACKS INFORMATION'. This is incorrect. There was a comprehensive examination that involved extensive orthopedic testing of 4 areas, motor function/muscle testing of ..., ..., AND ... 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 MUCH more time to define the history, complete an exam on MULTIPLE body parts, and make a plan for care going forward..."

Amount in Dispute: \$321.13

Respondent's Position

"The medical bill in dispute was denied as the documentation did not support the level of office visit billed. Please see the denial details on the EOB. The documentation showed only an acute condition, but no complexity data was reviewed, and the risk management was low. Therefore, the medical documentation does not support medical decision-making key components of the billed code 99204. In conclusion, Requestor should not be awarded any reimbursement for the billed services..."

Response Submitted by: Wesco 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:

- 16 - Claim/ Service lacks information or has submission / billing error(s).
- 205 – This charge was disallowed as additional information/definition is required to clarify service/supply rendered.
- 350 - Bill has been identified as a request for reconsideration or appeal.
- M127 – Missing patient medical record for this service.
- MA27 - Missing/ incomplete/invalid entitlement number or name shown on claim.
- MA30 - Missing/incomplete/invalid type of bill.
- N179 - Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information.
- W3 – Appeal / Reconsideration.
- Note that message statement on EOB reads: *"This is a re-evaluation bill. History bill... was denied due to insufficient medical record document in no down code state. Provider is disputing for denial of 99204 and -bill and medical document reviewed. As per medical record, only acute condition is present, no complexity data reviewed, and the risk management is low. NOTE: Medical record does not support for the billed CPT code 99204 as it is a no down code state denied CPT to disallow the charges. No additional payment is made."*

Issues

1. What rules apply to the disputed services?
2. Is the requestor entitled to reimbursement for CPT Code 99204?

Findings

1. The dispute concerns an evaluation and management service billed under CPT code 99204. 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..." As CPT code 99204 is one of the two highest evaluation

and management codes, the division finds that (TAC) §133.210(c)(1) required the requestor to submit supporting documentation to satisfy American Medical Association requirements.

The division finds that 28 TAC §134.203(b)(1) applies to reimbursement of disputed service 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 \$321.13 for CPT Code 99204 rendered on January 9, 2023.

- 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 all 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) Complexity of problems addressed 2) Amount or complexity of data reviewed and analyzed 3) Risk of morbidity or 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 January 9, 2023.

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

April 14, 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.