



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Donald Martin McPhaul,
M.D.

Respondent Name

Hartford Property & Casualty Insurance Co.

MFDR Tracking Number

M4-23-1880-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

March 31, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
01/17/2023	99205-25	\$206.87	\$0.00
01/17/2023	95886	\$0.00	\$0.00
01/17/2023	95911	\$0.00	\$0.00
Total		\$206.87	\$0.00

Requestor's Position

Texas Administrative Code (TAC)§133.307(c)(2)(N) sets out requirements of requester's position statement when requesting medical fee dispute resolution (MFDR) states in pertinent part "... a position statement of the disputed issue(s) that shall include: (i) the requestor's reasoning for why the disputed fees should be paid or refunded, (ii) how the Labor Code and division rules, including fee guidelines, impact the disputed fee issues, and (iii) how the submitted documentation supports the requestor's position for each disputed fee issue... "

Requester's position statement, submitted by Genesis Medical Management Solutions, references CPT Code 99202 but does not reference the disputed service, CPT Code 99205. Therefore, the requester's position statement is not relevant to this dispute.

Amount in Dispute: \$206.87

Respondent's Position

"...The provider billed a level 5 New Patient Evaluation and Management (E/M) service code 99205 which requires 3 of the following 3 components be supported:

History: Comprehensive, Exam: Comprehensive, Medical Decision Making (MDM): High. If all 3 components do not support the billed level of service, the level of service is determined by the lowest component supported. The documentation supports a level 3 New Patient E/M service based on the following components: History: Detailed, Exam: Detailed, MDM: Moderate..."

Response Submitted by: Hartford Casualty 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:

- 235 – The documentation doesn't support the level of service billed. Reimbursement is made for a code that is supported by the description and documentation submitted with the billing.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 1115 – We find the original review to be accurate and are unable to recommend any additional allowance.
- 635 – The submitted documentation for a new patient, 99202-99205, did not meet the three components lacking in the level of medical decision making for the code billed.
- 636 - The submitted documentation for a new patient, 99202-99205, did not meet the three components lacking in the level of history and exam for the code billed.
- B16 – Payment adjusted because new patient qualifications were not met.
- P12 – Workers' Compensation Jurisdictional fee schedule adjustment.

Issues

1. What rules apply to the disputed services?
2. Is the requestor entitled to reimbursement for CPT Code 99205-25?

Findings

Note that CPT Codes 95886 and 95912, were included on the DWC60 form and on the same bill with disputed service code 99205-25, have been reimbursed and are not in dispute. Therefore, only 99205-25 will be addressed and adjudicated.

1. In accordance with 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 99205 is one of the two highest Evaluation and Management office visit codes, the division finds that (TAC)§133.210(c)(1) applies to the disputed service.

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 division finds that 28 TAC §134.203(b)(1) applies to reimbursement of CPT code 99205-25.

2. The requestor is seeking additional reimbursement in the amount of \$206.87 for CPT Code 99205-25 rendered on January 17, 2023.
 - 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. 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 two out of 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 Evaluation and Management (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) extensive level of data to be reviewed and analyzed nor 3) high risk of morbidity/mortality of patient management. Submitted medical record does not find documentation of time spent on date of encounter.

- Per CMS article, found at:

[Article - Billing and Coding: Nerve Conduction Studies and Electromyography \(A57478\) \(cms.gov\)](#),

"I. Coding Guidelines A.) Evaluation/Management (E/M) 1) Usually an E&M service is included in the exam performed just prior to and during nerve conduction studies and/or electromyography. If the E&M service is a separate and identifiable service, the medical record must document medical necessity and the CPT code must be bill with a modifier 25."

- See [Modifier 25 fact sheet \(novitas-solutions.com\)](#) for appropriate and inappropriate use of modifier 25 when billing for E&M service codes. In summary, appending modifier 25 to new patient E&M service codes is an inappropriate use of modifier 25.

The division finds that the requester is not entitled to additional reimbursement for disputed CPT code 99205-25 rendered on January 17, 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 requester has not established that additional reimbursement is due.

ORDER

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 27, 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.