



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Amtrust Insurance Co.

MFDR Tracking Number

M4-23-2121-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

April 27, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
09/13/2022	99204	\$306.32	\$0.00
09/13/2022	99080-73	\$15.00	\$0.00
11/18/2022	99213	\$167.22	\$0.00
11/18/2022	99080-73	\$15.00	\$0.00
11/28/2022	99361-W1	\$113.00	\$0.00
12/02/2022	99213	\$167.22	\$0.00
12/02/2022	99080-73	\$15.00	\$0.00
Total		\$642.64	\$0.00

Requestor's Position

"We have received no denial or payment for this reconsideration. Please process for payment."

Amount in Dispute: \$642.64

Respondent's Position

"Please see the attached payment history showing the Carrier issued payments to the Provider for the dates of service 11/18/2022, 11/28/2022, and 12/2/2022. The Carrier is currently issuing payment for the date of service 9/13/2022. Carrier requests that the Provider withdraw this dispute once the last payment has been received."

Response Submitted by: Downs Stanford, P.C.

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 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for Medical Fee Dispute Resolution requests.
2. [28 TAC §133.210](#) sets out medical documentation requirements.

Adjustment Reasons

The insurance carrier denied or reduced the payment for the disputed services with the following claim adjustment codes:

- 205 - THIS CHARGE WAS DISALLOWED AS ADDITIONAL INFORMATION/DEFINITION IS REQUIRED TO CLARIFY SERVICE/SUPPLY RENDERED.
- M127 - Missing patient medical record for this service.
- MA27 - Missing/incomplete/invalid entitlement number or name shown on the 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 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- This is a re-evaluation bill. History bill AKTX-29111 was denied. Provider is disputing for denial of 99204 and re-submitted bill and medical document reviewed. As per medical record, only chronic 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. Which dates of service in dispute have been previously paid?
2. Is the insurance carrier's denial of CPT code 99204, rendered on September 13, 2022, supported?
3. Is the requestor entitled to additional reimbursement?

Findings

1. Peak Integrated Healthcare is requesting payment in the amount of \$642.64 for disputed services provided September 13, 2022, through December 2, 2022, in accordance with the DWC060 Medical Fee Dispute Resolution request form and summary table submitted by the requestor. It should be noted that DWC determined the total of the disputed amounts to be \$798.76 and not \$624.64 on the DWC060 summary table that was submitted.

Review of submitted medical bills finds that the requestor billed the insurance carrier a total amount of \$798.76 for services rendered on September 13, 2022, November 18, 2022, November 28, 2022, and December 2, 2022.

Further review of submitted documents finds the following reimbursements have been previously paid for disputed dates of service:

- Reimbursement allowed in the amount of \$15.00 for CPT code 99080-73 on date of service September 13, 2022, per explanation of Benefits (EOB) dated May 24, 2023.
- Reimbursement allowed in the amount of \$0.00 for CPT code 99204 on date of service September 13, 2022, per EOB dated May 24, 2023.
- Payment issued on December 16, 2022, in the amount of \$182.22, for charges in full, on date of service November 18, 2022, per canceled check number 04435008.
- Payment issued on December 16, 2022, in the amount of \$295.22, for charges in full, on combined dates of service November 28, 2022, and December 2, 2022, per canceled check number 04435009.

The DWC finds, that the requestor has been previously reimbursed a total amount of \$492.44 for all services in dispute, with the exception of CPT code 99204 rendered on September 13, 2022. Therefore, only CPT code 99204 rendered on September 13, 2022, will be reviewed in this dispute request.

2. The insurance carrier denied CPT code 99204 rendered on September 13, 2022, stating that the medical record does not support the code level billed.
 - 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."

- 28 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, DWC finds that (TAC) §133.210(c)(1) required the requestor to submit supporting documentation to satisfy American Medical Association requirements.

- 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 code 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) 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.

DWC finds that the insurance carrier’s denial reason of CPT code 99204 rendered on September 13, 2022, is supported.

3. Because the insurance carrier’s reason for denial of CPT code 99204, rendered on September 13, 2022, is supported, DWC finds that the requestor is not entitled to additional reimbursement.

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 DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the DWC has determined the requestor is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature:

August 31, 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.tas.gov.