



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Ashley Ferguson

Respondent Name

Great American Alliance

MFDR Tracking Number

M4-23-2529-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 26, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
07/14/2022	99214	\$200.00	\$0.00
Total		\$200.00	\$0.00

Requestor's Position

"...the carrier denied CPT 99214 because the carrier states that documentation did not meet the level of service... CMS guidelines state that 2 of the 3 components must be met in order to bill CPT code 99214. The notes clearly show that 2 of the 3 components were met with the documentation... it is observed that the 2 components that were met at a minimum, were history and medical decision making..."

Amount in Dispute: \$200.00

Respondent's Position

"...It remains the carrier's position that the services under CPT code 99214 were not supported by the documentation submitted to the carrier... as per medical record, only acute condition is present, minimal complexity data reviewed and the risk of complication is low as physical therapy is present. Medical record does not support CPT code 99214 as Texas is a no down code state... The carrier's position remains as indicated on its EOBs. The provider is not entitled to any reimbursement under CPT code 99214..."

Response Submitted by: Great American Alliance

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
- 790 - THIS CHARGE WAS REIMBURSED IN ACCORDANCE TO THE TEXAS MEDICAL PEE GUIDELINE.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- Message: As per medical record, only acute condition is present, minimal complexity data reviewed and the risk of complication is low as physical therapy is present. Medical record does not support for the billed CPT code 99214 as TX is a no down code state denied CPT to disallow the charges.

Issues

1. What rules apply to the disputed services?
2. Is the requestor entitled to reimbursement for CPT Code 99214?

Findings

1. The dispute concerns an evaluation and management service billed under CPT code 99214. The division finds that 28 TAC §133.210(c)(1) applies to reimbursement of CPT code 99214.

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 99214 is one of the two highest evaluation and management codes for established patient visits, 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 99214.

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 \$200.00 for CPT Code 99214 rendered on July 14, 2022.

- CPT Code 99214 is defined as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making (MDM). When using time for code selection, 30-39 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 99214 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 30-39 minutes of total time spent on the date of patient encounter.
- An interactive E&M scoresheet tool is available at: 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 documentation of time spent per start and end calculation to have been 27 minutes on date of encounter. For these reasons, medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99214.
- The division finds that the requester is not entitled to reimbursement for CPT code 99214 rendered on July 14, 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

_____	_____	June 26, 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.texas.gov.