



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Clinics of North Texas, LLP

**Respondent Name**

Federal Insurance Co.

**MFDR Tracking Number**

M4-24-0205-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

September 28, 2023

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 25, 2023	99214	\$255.00	\$0.00
March 29, 2023	99214	\$255.00	\$0.00
<b>Total</b>		\$510.00	\$0.00

### Requestor's Position

"This letter is written as a request for reconsideration on the above referenced patient/claim. The original bill was submitted and 99214 & 99080 73 were denied as 'Svc lacks info need or has billing error(s)' 'Attachment required to adjudicate claim/service' 'Missing documentation.' As well as 'Per rule 133.1(3)(e)(i) a HCP billing for the 3 highest level office visits is required to submit a report to substantiate level of service billed. DWC-73 Required for review.' I have attached the office note/report and DWC-73 for review. I have also attached a Level Audit from our certified coder showing 99214 was billed at the correct level of service. Please process 99214 & 99080 73 for payment."

**Amount in Dispute:** \$510.00

### Respondent's Position

"As seen in the original denials for each DOS (-1), there was no documentation included with the HCP's billing thus the denial CARC of 16,252... Per the AMA, effective 1/1/2021, a moderate level of decision making should be documented to support 99214. Upon receipt of the reconsideration requests for both dates of service, Corvel deemed that the documentation

submitted for 99214 did not meet AMA criteria... All factors considered, HCP did not bill, document, nor meet a moderate level of Medical Decision Making for either DOS (1/25/23 and 3/29/23), 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 Texas Administrative Code \(TAC\) §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 – Svc lacks info needed or has billing error(s).
- 252 – Attachment required to adjudicate claim/service.
- \*N706 – Missing documentation
- 04P – Services unsubstantiated by documentation.
- 150 – Payment adjusted/unsupported service level.
- 96A – Additional documentation provided.
- W3 – Appeal/Reconsideration.

### Issues

1. What rules apply to the disputed services?
2. Is the requestor entitled to reimbursement for CPT Code 99214 rendered on January 25, 2023, and on March 29, 2023?

### Findings

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

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

The DWC finds that 28 TAC §134.203 (b)(1) applies to the billing and 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 total amount of \$510.00 for CPT Code 99214 rendered on January 25, 2023, and on March 29, 2023.
  - 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](http://www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet)
  - A review of the submitted medical documentation finds that a moderate level of MDM was not met in the elements of 1) Amount or complexity of data reviewed and analyzed 2) Risk of morbidity or mortality of patient management. The 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 99214.
  - DWC finds that the insurance carrier’s denial reason is supported and as a result, the requestor is not entitled to reimbursement for CPT code 99214 rendered on January 25, 2023. For the same reasons, DWC finds that the requestor is not entitled to reimbursement for CPT code 99214 rendered on March 29, 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 DWC finds the requestor has not established that reimbursement is due.

**ORDER**

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

**Authorized Signature**

		October 27, 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](http://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](mailto: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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).