



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Ahmed Khalifa, M.D.

**Respondent Name**

Ace American Insurance Co.

**MFDR Tracking Number**

M4-24-1207-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

January 30, 2024

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 30, 2023	99205-25	\$433.11	\$0.00
March 30, 2023	95886	\$0.00	\$0.00
March 30, 2023	95910	\$0.00	\$0.00
<b>Total</b>		<b>\$433.11</b>	<b>\$0.00</b>

### Requestor's Position

"Please note that an office consultation/examination was performed and documented... Additionally, as you can see from the attached report an examination was performed and documented as a Detailed Examination component and billed as 99202... Per the attached documentation all components have been met for CPT Code 99202... We have attached the CMS documentation for Evaluation and Management Services that will show that all components are met in our documentation for CPT Code 99202."

**Amount in Dispute:** \$433.11

### Respondent's Supplemental Position

"...the bills in question were escalated and a review completed. Our bill audit company has determined no further payment is due. The rationale for this determination is found below... Gbstate disputes team has determined that the provider is not due any additional allowance for the disputed denial."

**Response Submitted by:** Gallagher Bassett

## 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 payment for the disputed service with the following claim adjustment codes:

- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.
- P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment.
- 309 – The charge for this procedure exceeds the fee schedule allowance.

### Issues

1. What services will be reviewed in this dispute?
2. What rules apply to the disputed services?
3. Is the requestor entitled to reimbursement for CPT Code 99205?

### Findings

1. DWC finds that CPT Codes 95886 and 95910, which were included on the DWC60 form and were on the same medical bill as the disputed service code 99205-25, have been previously reimbursed by the insurance carrier. CPT Codes 95886 and 95910 are not in dispute. Therefore, only 99205-25 will be addressed and adjudicated.
2. The DWC finds that 28 TAC §133.210(c)(1) applies to reimbursement of CPT code 99205. 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 codes, DWC finds that (TAC) §133.210(c)(1) required the requestor to submit supporting documentation to satisfy American Medical Association requirements.

DWC finds that 28 TAC §134.203(b)(1) applies to the billing and reimbursement of CPT code 99205.

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."

3. The requestor is seeking reimbursement in the amount of \$433.11 for CPT Code 99205-25 rendered on March 30, 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. The submitted medical record shows no documentation of time spent on a separately identifiable evaluation and management service.
  - 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 billed 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.

Review of submitted medical documentation does not support the charge for a distinctly separate office visit. Therefore, DWC finds that the requestor is not entitled to reimbursement for CPT code 99205-25 rendered on March 30, 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.

DWC 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**

_____	_____	<u>February 22, 2024</u>
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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).