Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
KULM MEDICAL PA

Respondent Name
AMERICAN HOME ASSURANCE CO

MFDR Tracking Number
M4-09-6158-01

Carrier's Austin Representative Box
Box Number 19

MFDR Date Received
February 17, 2009

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This code was denied as a "duplicate claim". Please note this was originally billed with the wrong facility name. The claim was corrected and faxed in on 10/6/08. Please note this is not a duplicate claim but a corrected claim. Please reconsider and make additional payment accordingly."

Amount in Dispute: $84.27

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "…the Carrier will stand by their original denial back in 2008 that the services were paid in accordance with the Statute and that no additional money is owed."

Response Submitted by: AIG

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 7, 2008	E/M Office Visit Code 99213 25	$84.27	$ 84.27

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Former 28 Texas Administrative Code §133.307, 33 *Texas Register* 3954, applicable to requests filed on or after May 25, 2008, sets out the procedures for resolving medical fee disputes filed prior to June 1, 2012.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for E/M services.

Explanation of benefits

- 1-(45) Charges exceed your contracted/legislated fee arrangement.
- 2- (97) Payment is included in the allowance for another service/procedure.
- 1- (18) Duplicate claim/service.

Issues

1. Did the requestor meet the requirements of 28 Texas Administrative Code §134.203?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, "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; … and other payment policies in effect on the date a service is provided…" Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient. The American Medical Association (AMA) CPT code description for 99213 is:

   > "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family."

   The 1997 Documentation Guidelines for Evaluation & Management Services describes the documentation requirements for a comprehensive history and a comprehensive exam.

   - Documentation of the Expanded History
     - History of Present Illness (HPI) consists of one to three elements of the HPI. Documentation found listed two elements, thus meeting component.
     - Review of Systems (ROS) inquires about the system directly related to the problem(s) identified in the HPI. Documentation found listed two systems. This component was met.
     - Past Family, and/or Social History (PFSH) are not applicable.
   - Documentation of a Expanded Examination:
     - Requires limited examination of the affected body area. The documentation found examination of two systems. This component was met.

2. For the reasons stated above, code 99213 is eligible for payment pursuant to 28 TAC §134.203 (c) as follows: (52.83 /38.087)*$61.08 = $ 84.72. The amount in dispute is $84.27, therefore this amount is recommended for reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $84.27.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $84.27 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		April 7, 2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.