



# 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](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

Wayne E. Hoppe, MD

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-12-3103-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

June 12, 2012

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "On July 29, 2011 Dr. Hoppe saw [the injured employee] in our office for a work comp injury. The injury occurred on October 31, 2010 and the patient had been treated by a physician in Texas where he had been living. [The injured employee] relocated to Stratton, CO and chose to continue his care with Dr. Hoppe. At this initial visit Dr. Hoppe spent 60 minutes in the room reviewing [the injured employee's] case. Specifics of the visit include the patient's history, the nature of the accident and treatments from the date of injury. Notes from the previous physician were made available which Dr. Hoppe reviewed with [the injured employee] at the same visit. Dr. Hoppe billed for CPT code 99214 with a charge of \$115.00. Our claim for this office visit has been denied stating that the information given did not support the level of service that we charged for."

**Amount in Dispute:** \$115.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Texas Mutual maintains its position the requestor's documentation of 7/29/11 does not support the billing of CPT code 99214. As such no payment is due."

**Response Submitted by:** Texas Mutual Insurance Company

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 29, 2011	Established Evaluation & Management 99214	\$115.00	\$0.00

#### 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. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the procedures for determining the fee schedule for professional services.
3. 28 Texas Administrative Code §134.210 sets out the requirements for documentation for medical billing.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - CAC-150 – Payer deems the information submitted does not support this level of service.
  - CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
  - 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
  - 890 – Denied per AMA CPT Code description for level of service and/or nature of presenting problems.
  - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 891 – No additional payment after reconsideration

### **Issues**

1. Under what authority is the request for medical fee dispute resolution considered?
2. Did the requestor support the level of service for CPT Code 99214 as required by 28 Texas Administrative Code §134.203?
3. Is the requestor entitled to reimbursement?

### **Findings**

1. The requestor is a health care provider that rendered disputed services in the state of Colorado to an injured employee with an existing Texas Workers' Compensation claim. The health care provider was dissatisfied with the insurance carrier's final action. The health care provider requested reconsideration from the insurance carrier and was denied payment after reconsideration. The health care provider has requested medical fee dispute resolution under 28 Texas Administrative Code §133.307. Because the requestor has sought the administrative remedy outlined in 28 Texas Administrative Code §133.307 for resolution of the matter of the request for additional payment, the Division concludes that it has jurisdiction to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.
2. 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 99214 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: **A detailed history; A detailed examination; Medical decision making of moderate complexity.** Counseling and/or 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 moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. [emphasis added]

The 1995 Documentation Guidelines for Evaluation & Management Services is an applicable Medicare guideline to determine the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed History:
  - "An *extended* [History of Present Illness (HPI)] consists of four or more elements of the HPI." Documentation found four elements (location, duration, quality, and associated signs/symptoms) were reviewed, thus meeting this element.
  - "An *extended* [Review of Systems (ROS)] inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems. [Guidelines require] the patient's positive responses and pertinent negatives for two to nine systems to be documented." Documentation found two systems (musculoskeletal and endocrine) were reviewed. Therefore, the Division finds that this element was met.
  - "A *pertinent* [Past Family, and/or Social History (PFSH)] is a review of the history area(s) directly related to the problem(s) identified in the HPI. [Guidelines require] at least one specific item from any three history areas [(past, family, or social)] to be documented." The documentation supports that the patient's past history was reviewed. Therefore, this element was met.

The Guidelines state, "To qualify for a given type of history all three elements in the table must be met." A review of the submitted documentation indicates that all elements were met for a Detailed

History, therefore this component of CPT Code 99214 was supported.

- Documentation of a Detailed Examination:
  - A “*detailed* [examination includes] an extended examination of the affected body area(s) and other symptomatic or related organ system(s).” A review of the submitted documentation finds that a limited examination of the right knee was performed. Therefore, this component of CPT Code 99214 was not met.
- Documentation of Decision Making of Moderate Complexity:
  - *Number of diagnoses or treatment options* – Review of the submitted documentation finds that this was the doctor’s initial evaluation of the patient’s workers’ compensation injury, meeting the documentation requirements of moderate complexity. Therefore, this element was met.
  - *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that the requestor reviewed one clinical lab test reviewed the reports from another provider. The documentation supports that this element met the criteria for moderate complexity of data reviewed.
  - *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation finds that presenting problems include chronic conditions with mild exacerbation, which present a moderate level of risk; no diagnostic procedures were ordered; and prescription drug management was performed, which presents a moderate level of risk. “The highest level of risk in any one category...determines the overall risk.” The documentation supports that this element met the criteria for moderate risk.

“To qualify for a given type of decision making, **two of the three elements ... must be either met or exceeded.**” A review of the submitted documentation supports that this component of CPT Code 99214 was met.

Because the documentation indicates that the requestor met two (2) of the required key components of CPT Code 99214, did support this level of service required by 28 Texas Administrative Code §134.203.

3. Procedure code 99214, service date July 29, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 1.5 multiplied by the geographic practice cost index (GPCI) for work of 1 is 1.5. The practice expense (PE) RVU of 1.41 multiplied by the PE GPCI of 0.9965 is 1.405065. The malpractice RVU of 0.1 multiplied by the malpractice GPCI of 0.7535 is 0.07535. The sum of 2.980415 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$162.55. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$115.00.

The total allowable reimbursement for the services in dispute is \$115.00. This amount less the amount previously paid by the insurance carrier of \$0.00 leaves an amount due to the requestor of \$115.00. This amount is recommended.

### Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$115.00.

### **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 \$115.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### Authorized Signature

	Laurie Garnes	February 13, 2015
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 in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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