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 and Address

ELITE HEALTHCARE
PO BOX 1353
FRISCO TX 75034

Respondent Name

CALIFORNIA INSURANCE COMPANY

MFDR Tracking Number

M4-13-3164-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "All other claims have been paid at 100%. Therefore, these claims should be paid in full."

Amount in Dispute: $365.68

RESPONDENT'S POSITION SUMMARY

Respondent's Summary: "An appeal was submitted by the provider on 2/7/13, the letter sent in response indicated documentation for date of service 10/31/2012 supported CPT code 99202…The documentation submitted for date of service 12/4/2012 supports performance of the above common components, and does not support performance of a significant and separately identifiable E/M sercice. Therefore, CPT code 99213 does not warrant a separate reimbursement."

Response by: Applied Underwriters.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 31, 2012 through December 4, 2012	99204 & 99213	$365.68	$0

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 a medical fee dispute
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for E/M services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits

   - 168- Submitted documentation does not support the level of service billed.
   - 255- Please resubmit with a more appropriate CPT/HCPCS code that better reflects services documented.

- NSI150-Payer deems the information submitted does not support this level of service.
- NSI16- Claim/service lacks information which is needed for adjudication
- 185- Service billed is included in the office visit or another procedure performed.
- ANSI97- Payment is included in the allowance for another service/procedure.

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 **99204** for **Date of Service** (**DOS) October 31, 2012** is:

   > Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive 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, 45 minutes are spent face-to-face with the patient and/or family.

   The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following for ***DOS October 31, 2012***:

   - Documentation of the Comprehensive History
     - History of Present Illness (HPI) consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions. Documentation found listed five elements of HPI, this component was met.
     - Review of Systems (ROS) inquires about the system (s) directly related to the problem(s) plus additional body systems. At least ten organ systems must be reviewed. Documentation found listed two systems, this component was not met.
     - Past Family, and/or Social History (PFSH) requires a review of two or all history areas, at least one specific item from each history areas to be documented. The documentation found listed one area. This component was not met.
   - Documentation of a Comprehensive Examination:
     - Requires at least nine organ systems to be documented, with at least two elements listed per system. The documentation found listed two body/organ systems. This component was not met.

   The division concludes that the documentation does not support the level of service billed.

   The American Medical Association (AMA) CPT code description for **99213** for **Date of Service** (**DOS) December 4, 2012** 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 is the applicable Medicare

policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following for DOS **December 4, 2012**:

- Documentation of the Expanded History
  - History of Present Illness (HPI) consists of one to three elements of the HPI. Documentation found listed three 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 one system. 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 one element, but did not sufficiently document the examined area. This component was not met.

The division concludes that the documentation does not sufficiently support the level of service billed.

2. For the reasons stated above, the services in dispute for DOS's October 31, 2012 and December 4, 2012 are not eligible for payment pursuant to 28 TAC §134.203 (c).

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 $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	February 21, 2014 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.