



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

HEALTHCARE REHAB GROUP, INC

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-15-4042-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

AUGUST 14, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our provider has reviewed his notes and is standing firm that all documentation is correct for this level of service."

Amount in Dispute: \$1,035.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor's documentation does not meet the AMA CPT criteria for that code, which is a combination of 2 of 3 of a Detailed History, Detailed Exam, and Moderate Complexity Decision Making. In all four document sets the History is Problem Focused; the exam, Comprehensive, and Complexity Decision Making is Straightforward. No payment is due for these codes. The DWC 73 of 3/16/15 shows no change since the DWC73 of 1/26/15. (Attachment) Texas Mutual will pay the MAR for the DWC 73 of 4/9/15."

Response Submitted By: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 16, 2015 March 16, 2015 April 9, 2015 May 6, 2015	CPT Code 99214 Office Visit	\$190.00/ea	\$0.00
March 16, 2015 April 9, 2015	CPT Code 99080-73 Work Status Report	\$137.50/ea	\$0.00
TOTAL		\$1,035.00	\$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 §134.204, effective March 1, 2008, sets out medical fee guidelines for workers' compensation specific services.
3. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
4. 28 Texas Administrative Code §129.5, effective July 16, 2000, sets out the procedure for reporting and billing work status reports.
5. 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.
 - CAC-P12-Workers' compensation jurisdictional fee schedule adjustment.
 - 248-DWC-73 in excess of the filing requirements; no change in work status and/or restrictions; reimbursement denied per rule 129.5.
 - 732-Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed.
 - 890-Denied per AMA CPT code description for level of service and/or nature of presenting problems.
 - CAC-W3, 350-In accordance with TDI-DWC rule 134.804. This bill has been identified as a request for reconsideration or appeal.
 - 891-No additional payment after reconsideration.

Issues

1. Does the documentation support billing code 99214? Is the requestor entitled to reimbursement?
2. Does the documentation support billing code 99080-73 in accordance with 28 Texas Administrative Code §129.5? Is the requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for the office visits, coded 99214, based upon reason codes "CAC-150," "CAC-16," and "225."

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

CPT code 99214 is defined as "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."

A review of the submitted medical reports does not support the documentation requirement which require at least 2 of the 3 key components for code 99214; therefore, reimbursement is not recommended.
2. CPT code 99080-73 is defined as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

28 Texas Administrative Code §134.204 (l) states “The following shall apply to Work Status Reports. When billing for a Work Status Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section, refer to §129.5 of this title (relating to Work Status Reports).”

28 Texas Administrative Code §129.5(i)(1) states “Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15. A doctor shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section.”

28 Texas Administrative Code §129.5 (d)(1) and (2) states “The doctor shall file the Work Status Report: (1) after the initial examination of the employee, regardless of the employee's work status;

(2) when the employee experiences a change in work status or a substantial change in activity restrictions.”

The respondent states in the position summary that “The DWC 73 of 3/16/15 shows no change since the DWC73 of 1/26/15. (Attachment) Texas Mutual will pay the MAR for the DWC 73 of 4/9/15.

A review of the submitted documentation finds that the requestor did support a change in work status on the April 9, 2015 report. Because the respondent paid for this report, additional reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that 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

09/11/2015
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.