



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Arch Indemnity Insurance Co

MFDR Tracking Number

M4-23-1154-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 19, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 19, 2022	99204	\$306.32	\$0.00
September 19, 2022	99080-73	\$0.00	\$0.00
Total		\$306.32	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of their reconsideration dated January 9, 2023 that states, "The date of service was denied full payment due to "information submitted does not support this level of service." This is INCORRECT. There was a comprehensive examination that involved extensive orthopedic testing, motor function/muscle testing.... There was also a history taken of injuries and symptoms. Finally there was a plan made for future treatment."

Amount in Dispute: \$306.32

Respondent's Position

February 3, 2023, response submitted by: Gallager Bassett.

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have

escalated the bills in question for manual review to determine if additional monies are owed.

February 6, 2023, response submitted by: Flahive, Ogden & Latson

"The information submitted by the provider does not support level of service billed under CPT code 99204. Accordingly, the provider is not entitled to reimbursement under that CPT code."

March 15, 2023, response submitted by: Gallagher Bassett.

"Our bill audit company has determined no further payment is due. Rationale for this determination... Must meet 2 of the 3 components for 99204. Documentation best describes for billing CPT 99203.

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 billing and documentation requirements for professional medical services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.
- 5263 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines. Usual and customary policies, provider's contract or (illegible)
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 6246 – After review of the bill and the medical record, this service is best described by 99203. Submitted documentation did not meet at least 2 of the 3 medical decis(illegible)
- 5407 – CV: Reconsideration, no additional allowance recommended. This bill and submitted documentation have been re-evaluated by Clinical Validation. Submitted document(illegible).

Issues

1. Did the respondent support the injured worker was within a certified network?
2. Is the respondent's denial supported?

Findings

1. The requestor is seeking reimbursement in the total amount of \$306.32 for CPT Code 99204 rendered on September 19, 2022.

Review of the explanation of benefits submitted from Gallagher Bassett, the following was found, "Network: Coventry Integrated Network." Review of the submitted documentation and information known to the division found insufficient evidence to support the injured worker was within a certified network. This information will not be considered in this review.

2. DWC Rule 28 TAC §134.203 (b) states in pertinent part, for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the Medicare payment policies, including is coding; billing; correct coding initiatives (CCI) edits.
 - CPT Code 99204 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 moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded."
 - 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/cptoffice-prolonged-svs-code-changes.pdf>.

In summary, CPT 99204 documentation must contain a moderate level of medical decision making.

An interactive E&M scoresheet tool is available at: www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet. A review of the submitted medical documentation indicates.

- Minimal number and complexity of problems addressed.
- Minimal risk of complications and/or morbidity or mortality,
- Minimal risk of complications and/or morbidity or mortality or patient.

For these reasons, medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99204.

DWC finds that the insurance carrier's denial reason is supported and as a result, the requestor is not entitled to reimbursement for CPT code 99204 rendered on September 19, 2022.

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 requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 19, 2024
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. 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.

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.