



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

David Adam West, D.O.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-3152-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

August 14, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 22, 2023	99205-95	\$433.11	\$0.00
Total		\$433.11	\$0.00

Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not responded or has denied this claim in its entirety following our filing of Request for Reconsideration. Therefore, we are filing for Medical Dispute Resolution at this time per Rule 133.307."

Amount in Dispute: \$433.11

Respondent's Position

"Attached is the denial EOB for the service rendered on the above date of service. Texas Mutual is maintaining our denial. The health care provider is billing for telehealth services, however, the documentation submitted does not support telehealth. It appears from the documentation that the exam happened in office."

Response Submitted by: Texas Mutual Insurance Company

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 fee guideline for professional medical services.
3. [28 TAC §133.30](#) sets out the Telemedicine and Telehealth Services.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- NOTE: DOCUMENTATION DOES NOT SUPPORT TELEMED SERVICES.
- CAC-P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- CAC-W3 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- CAC-16 - CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.
- CAC-193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- DC4 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.
- DC7 - DUPLICATE APPEAL. NETWORK CONTRACT APPLIED BY WORKWELL, TX NETWORK.
- 225 - THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED. WE WILL RE-EVALUATE THIS UPON RECEIPT OF CLARIFYING INFORMATION.
- 350 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 892 - DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS/INSTRUCTIONS.

Issues

1. Is the insurance carrier's denial based on lack of documentation supported?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement in the amount of \$433.11 for CPT code 99205-95 rendered on March 22, 2023. The insurance carrier denied payment due to lack of documentation (denial reason codes indicated above.)

28 TAC §134.203(b)(1) states, "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; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

In accordance with 28 TAC §133.30 a health care provider may bill and be reimbursed for telemedicine and telehealth services regardless of the geographical area or location of the injured employee. Telehealth and telemedicine services are billed as professional services. Reimbursement for professional services is established by the Medical Fee Guideline for Professional Services, 28 TAC §134.203.

The TDI, DWC's website, www.tdi.texas.gov/wc/hcprovider/telemed.html, states, "Billing – The health care provider must use Place of Service (POS) code 02 in box 24B of the CMS1500 02/12 to indicate that the service was delivered through telemedicine or telehealth and POS code 11 for any related DWC Form-073, *Work Status Report*."

A review of the medical bill documents that the requestor billed the insurance carrier CPT code 99205 with modifier -95 and place of service -02.

The DWC directs health care providers to use POS code -02 when billing for telemedicine and telehealth services. The DWC finds there is no provision in 28 TAC §134.203 and 28 TAC §133.30, for a reduction in payment for telehealth and telemedicine services based on the place of service code.

The DWC now considers whether the disputed services are covered telemedicine or telehealth services. A review of the Medicare Covered Telehealth services at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>, found that the disputed service, CPT code 99205 is listed in the covered telehealth code list. The disputed code is therefore reviewed pursuant to the applicable rules and guidelines.

2. The requestor billed CPT Code 99205 on disputed date of service March 22, 2023.

28 TAC §134.203(b)(1) states, "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; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

CPT code 99205 is described as, "Office or other outpatient visit for the history evaluation and management of a new patient which requires a medically appropriate and/or examination and high medical decision making."

Effective January 2021 CMS implemented key changes to office and outpatient evaluation management (E/M) services. Coding the level of service is based on time spent or medical decision making (MDM).

Since there is no time documentation in the medical record titled "Orthopedic Consultation," the consultation report will be examined to identify a high-level of MDM. A high-level new patient consultation with CPT Code 99205 was billed for by the requestor. To bill CPT code 99205, the requestor must document a high level of complexity in MDM to meet the necessary documentation standards for this code. A review of the same record finds that the documentation fell short of supporting a high level of medical decision making.

The DWC will now determine if the requestor met the documentation standards to support the addition of modifier -95 and place of service code -02, appended to CPT code 99205. Modifier -95 is described as "synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system." The requestor also appended place of service code -02 described as "Services provided as a professional telehealth service when the originating site is other than the patient's home."

A review of the medical documentation finds no mention to support that the evaluation and management service was rendered via telephone or other real-time interactive audio-only telecommunications system.

The DWC finds that the requestor has not met the level of service billed and has not documented that the billed service was rendered via telehealth services. The requestor is therefore not eligible to receive payment for the CPT code 99205-95.

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 requestor 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

March 22, 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, 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.