



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

ACE American Insurance Company

MFDR Tracking Number

M4-24-1267-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

February 7, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 15, 2023	99442	\$179.07	\$0.00
Total		\$179.07	\$0.00

Requestor's Position

"This date of service was denied full payment due to " workers compensation jurisdictional fee adjustment". This is INCORRECT. The encounter states the type of visit, a 99442, a teleconference visits due to patient being in hospital. I have attached the allowable charge for such visit."

Amount in Dispute: \$179.07

Respondent's Position

"We have escalated the bills in question for manual review to determine if additional monies are owed. We will provide a supplemental response once the bill auditing company has finalized their review."

Supplemental Response: "Our supplemental response for the above referenced medical fee dispute resolution is as follows: the bills in question were escalated and a review completed. Our bill audit company has determined no further payment is due. The rationale for this determination is found below."

Response Submitted by: Gallagher Bassett

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 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 reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 5407 – Reconsideration, no additional allowance recommended. This bill and submitted documentation have been re-evaluated by clinical validation.
- 5721 – To avoid duplicate bill denial for all reconsiderations/adjustments/additional payment request, submit a copy of this EOR or clear notation.
- 90563 & 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 90950 – This bill is a reconsideration of a previously reviewed bill. Allowance amounts reflect any changes to the previous payment.
- B12 – Services not documented in patients' medical records.
- P12 – Workers' Compensation, jurisdictional fee schedule adjustment.

Issues

Is the insurance carrier's reduction of payment supported?

Findings

The requestor seeks a payment in the amount of \$179.07 for CPT code 99442, rendered on November 15, 2023. The insurance carrier denied/reduced the disputed code due "Services not documented in patient's medical records."

CPT code 99442 is described as, "Telephone E/M service by a physician or other QHP who may report E/M services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days or leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion."

Per 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.

28 TAC §134.203(b)(1) states in 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; 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."

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 is listed in the covered telehealth/telemedicine code list.

When billing for a telehealth service, CMS requires the following:

Chapter 12, section 190.2-Eligibility Criteria, states, "Originating site defined. The term originating site means the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. Originating sites authorized by law are listed below: The office of a physician or practitioner; A hospital (inpatient or outpatient); A critical access hospital (CAH); A rural health clinic (RHC); A federally qualified health center (FQHC); A hospital-based or critical access hospital-based renal dialysis center (including satellites) (effective January 1, 2009); A skilled nursing facility (SNF) (effective January 1, 2009); and A community mental health center (CMHC) (effective January 1, 2009)."

"The [POS code](#) (PDF) explains where the provider and patient are located during the telehealth encounter. Use the POS code you would've used if the service was provided in person.

- Place of service 02: Telehealth Provided Other than in Patient's Home
- Place of service 10: Telehealth Provided in Patient's Home

95 modifier is described as synchronous telehealth service administered via real-time interactive audio and video telecommunications system.

Providers should continue to bill claims for telehealth services with the POS if the service had been done in person and modifier 95 through December 31, 2023."

When billing for a telehealth service, CMS requires the use of modifier 95. A review of the CMS-1500 did not contain the CMS billing requirements indicated above. The DWC finds that the denial reason specified by the insurance carrier is supported. As a result, the requestor is not entitled to payment for the disputed service.

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.

The 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 not entitled to reimbursement for the disputed service.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

May 15, 2024

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.