TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
David Adam West, DO

Respondent Name
City of Fort Worth

MFDR Tracking Number
M4-24-1323-01

Carrier's Austin Representative
Box Number 04

DWC Date Received
February 15, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 17, 2023	99205-95	$194.97	$0.00
	Total	$194.97	$0.00

Requestor's Position

"DESIGNATED DOCTOR REFERRED TESTING INCORRECT REDUCTION."

Amount in Dispute: $194.97

Respondent's Position

"The City of Fort Worth stands by its denial of payment. City of Fort Worth is in the Blackstone 504 Network and requestor was paid per the contracted rate as noted on the EOB. The city respectfully requests this Division to dismiss this request for MFDR. Please feel free to contact the undersigned attorney if you have any questions."

Response Submitted by: Ricky D. Green, PLLC

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) §133.305 sets out the procedures for resolving medical disputes.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.203 sets out the fee guideline for professional medical services.
4. 28 TAC §127.10 sets out the general procedures for designated doctor examinations.
5. 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:

- 45 – Charge exceeds fee schedule maximum allowance or contracted legislated fee arrangement.
- 877 – Reimbursement is based on the contracted amount.
- P12 – workers' compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- CO – The amount adjusted due to a contractual obligation between the provider and the payer. It is not the patient's responsibility under any circumstances.
- Note: Network Reduction: Careworks/IHP-Beech Street.
- 3452 – Modifier 95-Synchroncus telemedicine service rendered via real time interactive audio and video telecommunications system.

Issues

1. Is the insurance carrier's denial supported?
2. Did the requestor append modifier 95 to CPT code 99205?
3. Is the requestor entitled to additional reimbursement?

Findings

1. This dispute pertains to the reduced payment of a designated doctor referred evaluation, rendered on October 17, 2023, and billed under CPT Code 99205. Using the previously mentioned denial reduction codes, the insurance carrier issued a payment in the amount of $234.14. The requestor is seeking an additional payment in the amount of $194.97.

The insurance carrier reduced the disputed services due to a network reduction through Careworks/IHP-Beech Street.

Per 38 TAC §127.10, (c) Additional testing and referrals. The designated doctor must perform additional testing when necessary to resolve the issue in question. The designated doctor must also refer an injured employee to other health care providers when the referral is necessary to resolve the issue in question, and the designated doctor is not qualified to fully resolve it... (4) Any additional testing or referrals required for the evaluation of an injured employee under a certified workers' compensation network under Insurance Code Chapter 1305 or a political subdivision under Labor Code §504.053(b): (A) are not required to use a provider in the same network as the injured employee; and (B) are not subject to the network or out-of-network restrictions in Insurance Code §1305.101 (relating to Providing or Arranging for Health Care).

The DWC finds that the insurance carrier's reduction reasons are not supported. As a result, the disputed services are reviewed pursuant to the applicable rules and guidelines.

2. The requestor seeks additional reimbursement for a high-level new patient office consultation billed under CPT code 99205-95. The fee guidelines for disputed services are found at 28 TAC §134.203.

   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."

   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.

The requestor appended Modifier -95 described as "synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system."

The requestor 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 Consultation Report for the service in dispute finds that the requestor documented that the injured employee was seen via a tele medicine medical consultation. The requestor therefore met the documentation standards to support the addition of modifier -95 and place of service code -02, appended to CPT code 99205.

3. CPT Code 99205 is described as, "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."

   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 "Consultation Report," 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 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.

The DWC finds the requester has not established that additional 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

		April 10, 2024
Signature	Medical Fee Dispute Resolution Officer	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 electronico CompConnection@tdi.texas.gov.