



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

C. Perry Marshall, M.D.

Respondent Name

Bitco General Insurance Corp.

MFDR Tracking Number

M4-24-1413-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 29, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 18, 2023	99204	\$505.00	\$0.00
Total		\$505.00	\$0.00

Requestor's Position

"I marked the procedural guidelines that were met for procedure code 99204. Per CPT guidelines (attached), the patient had an acute injury. Dr. Marshall discussed with the patient the need for Physical Therapy and the decision to wait on ordering an MRI at the initial visit. He prescribed medications for the patient. This claim has been appealed twice with denial both times."

Amount in Dispute: \$505.00

Respondent's Position

"The Austin carrier representative for Bitco General Insurance Corp. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 5, 2024. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §133.210](#) sets out medical documentation requirements for reimbursement of medical services.
3. [28 TAC §134.203](#) sets fee guidelines for professional medical services.

Denial Reasons

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

- 04P – Services unsubstantiated by documentation.
- 150 – Payment adjusted/unsupported service level.
- 97A – Provider Appeal
- Explanation of Review Comments – “Denial maintained: Neither a moderate level of Medical Decision Making (MDM) or time spent has been adequately documented in the patient record (2021 CPT). Please recode & resubmit or provide additional documentation.”

Issues

1. What rules apply to the disputed services?
2. Is the requestor entitled to reimbursement for CPT Code 99204?

Findings

1. The dispute concerns an evaluation and management service billed under CPT code 99204. DWC finds that 28 TAC §133.210(c)(1) applies to reimbursement of CPT code 99204.

28 Texas Administrative Code(TAC) §133.210(c)(1) sets out medical documentation requirements, stating in pertinent part “In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes...” As CPT code 99204 is one of the two highest evaluation and management codes, DWC finds that (TAC) §133.210(c)(1) required the requestor to submit supporting documentation to satisfy American Medical Association requirements.

DWC finds that 28 TAC §134.203(b)(1) applies to reimbursement of disputed service CPT code 99204.

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."

2. The requestor is seeking reimbursement in the amount of \$505.00 for CPT Code 99204 rendered on September 18, 2023.
 - 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 (MDM). When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter."
 - 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/cpt-office-prolonged-svs-code-changes.pdf>. In summary, CPT code 99204 documentation must contain two out of three of the following elements: 1) moderate level of number and complexity of problems addressed 2) moderate level of amount and/or complexity of data to be reviewed and analyzed 3) moderate risk of morbidity/mortality of patient management OR must document 45-59 minutes of total time spent on the date of patient encounter.
 - An interactive E&M scoresheet tool is available at: [E/M Interactive score sheet \(novitas-solutions.com\)](https://www.novitas.com/resources/e-m-scoresheet)
 - A review of submitted medical documentation finds that a moderate level of MDM was not met in the elements of 1) Complexity of problems addressed 2) Amount or complexity of data reviewed and analyzed. Submitted medical record shows no documentation of time spent on date of encounter. For these reasons, medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99204.
 - DWC finds that the requestor is not entitled to reimbursement for CPT code 99204 rendered on September 18, 2023.

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, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 3, 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.