



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Graphic Arts Mutual Insurance Co.

MFDR Tracking Number

M4-24-2215-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

June 7, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 15, 2023	99204	\$321.13	\$0.00
November 20, 2023	97750-GP	\$531.04	\$0.00
February 14, 2024	99213	\$185.88	Dismissed
February 27, 2024	97110-GP	\$360.72	\$0.00
February 27, 2024	97112-GP	\$138.04	\$0.00
March 6, 2024	97110-GP	\$360.72	\$0.00
March 6, 2024	97112-GP	\$138.04	\$0.00
March 7, 2024	97110-GP	\$360.72	\$0.00
March 7, 2024	97112-GP	\$138.04	\$0.00
Total		\$2,534.33	\$0.00

Requestor's Position

"This patient had a CONTESTED CASE HEARING on January 10, 2024, and it was determined that the patient sustained a compensable injury... we are requesting that you process these claims without classifying as duplicate billing."

Amount in Dispute: \$2,534.33

Respondent's Position

"Per the enclosed EOB's, dates of service for 11/15/23, 2/14/24, 3/6/24, and 3/7/24 were denied for either billing errors or extent of injury. The re-evaluation request for 11/20/23 was never received and is being processed. It is the Respondent's position that the provider is not entitled to payment except for 11/20/23, as their [sic] were billing errors, the services were not related to the accepted conditions and/or not medically reasonable for the accepted conditions."

Response Submitted by: Utica National Insurance Group

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 Medical Fee Dispute Resolution requests.
2. [28 \(TAC\) §133.305](#) sets out general Medical Dispute Resolution guidelines.
3. [28 TAC §133.210](#) sets out medical documentation requirements.
4. [28 TAC §133.240](#) sets out the procedures for medical bill processing by insurance carriers.
5. [28 TAC §134.203](#) sets out the fee guidelines for professional medical services.

Adjustment Reasons

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

DOS November 15, 2023:

- 150 – PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.

- 16 – CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERRORS.
- W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- P12 – WORKERS’ COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

DOS November 20, 2023:

- 217 - BASED ON PAYER REASONABLE AND CUSTOMARY FEES. NO MAXIMUM ALLOWABLE DEFINED BY LEGISLATED FEE ARRANGEMENT.
- P12 – WORKERS’ COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

DOS February 14, 2024:

- 219 – BASED ON EXTENT OF INJURY.
- 216 – BASED NO THE FINDINGS OF A REVIEW ORGANIZATION.
- P12 – WORKERS’ COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- W3 - BILL IS A RECONSIDERATION OR APPEAL.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

DOS February 27, 2024:

- B12 – SERVICES NOT DOCUMENTED IN PATIENT MEDICAL RECORD.
- P12 – WORKERS’ COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 18 – EXACT DUPLICATE CLAIM/SERVICE.

DOS March 6 & 7, 2024:

- B12 – SERVICES NOT DOCUMENTED IN PATIENT MEDICAL RECORD.
- P12 – WORKERS’ COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- W3 – BILL WAS A RECONSIDERATION OR APPEAL.

Issues

1. Have any of the services in dispute received payment as of the date of this review?
2. Is the dispute for services rendered on February 14, 2023, subject to dismissal based on extent of injury?
3. Is the insurance carrier’s denial reason(s) of CPT code 99204 rendered on November 15, 2023, supported?
4. Is the insurance carrier’s denial reason(s) of therapy services rendered on February 27, 2024, March 6, 2024, and March 7, 2024, supported?
5. Is the requestor entitled to reimbursement for services in dispute?

Findings

1. A review of the explanation of benefits (EOB) documents submitted finds that only one date of service in dispute has received payment as of the date of this review.

Per EOB dated July 11, 2024, the insurance carrier allowed reimbursement for the disputed date of service November 20, 2023, in the amount of \$531.04 out of charges in the amount of \$531.04. Therefore, DWC finds that the services rendered on November 20, 2023, have received payment in full, after the request for medical fee dispute resolution was submitted. For this reason, DWC finds that no additional reimbursement is recommended for the disputed date of service November 20, 2023.

2. The requestor is seeking reimbursement in the amount of \$185.88 for evaluation and management of an established patient, billed under CPT code 99213, rendered on February 14, 2024. The service in dispute was denied by the workers' compensation carrier due to an unresolved extent-of-injury dispute. The extent of injury denial was timely presented to the requestor in the manner required by 28 TAC §133.240.

The documentation submitted included a copy of a Plain Language Notice (PLN). 28 TAC §133.305 (b) states that a compensability, extent-of-injury, or liability dispute shall be resolved prior to the submission of a MFD.

28 TAC §133.305(b) states, "Dispute Sequence. If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021."

28 TAC §133.307(f)(3)(C) states in pertinent part, "Dismissal. A dismissal is not a final decision by the division. The medical fee dispute may be submitted for review as a new dispute that is subject to the requirements of this section. The division may dismiss a request for MFDR if... the request contains an unresolved compensability, extent of injury, or liability dispute for the claim;"

The service in dispute rendered on February 14, 2024, contains an unresolved extent-of-injury issue. For that reason, this matter is not eligible for adjudication of a medical fee dispute resolution. This disputed date of service February 14, 2024, is hereby dismissed.

3. The requestor is seeking reimbursement in the amount of \$321.13 for CPT code 99204 rendered on November 15, 2023. The insurance carrier denied reimbursement based on the level of service not supported by the medical documentation.
 - 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-solutions.com)
- A review of submitted medical documentation finds that a moderate level of MDM was not met in the elements of 1) Amount or complexity of data reviewed and analyzed, 2) Risk of complications and/or morbidity or mortality of patient management. 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 insurance carrier's denial reason is supported. Therefore, the requestor is not entitled to reimbursement for CPT code 99204 rendered on November 15, 2023.

4. The insurance carrier denied CPT codes 97110-GP x 6 units and 97112-GP x 2 units, rendered on the following dates: February 27, 2024, March 6, 2024, and March 7, 2024. The reason for denial, as cited by the insurance carrier, was that the services were not documented in the patient record.

28 TAC §133.210, which sets out medical documentation requirements, states in pertinent part, "(a) Medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results. (b) When submitting a medical bill for reimbursement, the health care provider shall provide required documentation in legible form, unless the required documentation was previously provided to the insurance carrier or its agents."

28 TAC §133.307, which sets out the procedures for medical fee dispute requests, states in pertinent part, "(c) Requests for MFDR must be legible and filed in the form and manner prescribed by the division."

A review of the medical records submitted finds that the documentation of therapy rendered is not legible. Therefore, DWC finds that the insurance carrier's reason for denial of the disputed dates of service, February 27, 2024, March 6, 2024, and March 7, 2024, is supported.

5. The requestor is seeking reimbursement in the total amount of \$2,534.33 for services rendered between the dates of November 15, 2023, and March 7, 2024.

As established in finding number one above, the disputed service rendered on November 20, 2023, has been paid in full and therefore the requestor is not entitled to additional reimbursement.

As established in finding number two above, the disputed service rendered on February 14, 2024, has been dismissed due to an unresolved extent of injury dispute.

DWC finds that for all other dates of service in this dispute, the insurance carrier's reason(s) for denial are supported. Therefore, the requestor is not entitled to reimbursement for disputed dates of service November 15, 2023, February 27, 2024, March 6, 2024, and March 7, 2024.

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 additional reimbursement is due.

Order

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

Authorized Signature:

_____	_____	September 17, 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, 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.