



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Peak Integrated HealthCare

Respondent Name

Federal Insurance Co.

MFDR Tracking Number

M4-24-2527-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

July 18, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 18, 2024	99442	\$185.28	\$0.00

Requestor's Position

Excerpt from the Request for Reconsideration dated April 15, 2024:

"This patient was denied payment stating, 'service lacks info or has billing error', which is incorrect. We have submitted all necessary documentation. We have not received payment..."

Amount in Dispute: \$185.28

Respondent's Position

"By definition, code 99442 is a telephone E&M service by a physician or other qualified HCP... Given the nature of the code billed, the HCP's POS code (11) is incorrect... If the services were telehealth services, the HCP is required to use POS 10 - Telehealth Provided in Patient's Home. POS 02 is also acceptable... As the HCP's bill did not meet the guidelines for correct billing, the bill was denied with reason code 16 - Svc lacks info needed or has billing error(s)."

Response submitted by: Corvel

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 §134.203](#) sets out the fee guideline for professional medical services.
3. [28 TAC §133.30](#) sets out the guidelines for telehealth and telemedicine services.

Denial Reasons

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

- 16 - CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).
- Per TDI Emergency rule, HCPs billing for telemedicine services are to bill w/the appropriate E/M code, CPT/HCPSCS for PT/OT, modifier 95, GQ or GT and POS 02 on the lines. Your bill does not meet one or more these requirements.

Issues

1. Is the insurance carrier's denial reason supported?
2. Is the requestor entitled to reimbursement for CPT Code 99442?

Findings

1. This dispute concerns non-payment for a telehealth evaluation and management (E/M) service billed under CPT code 99442. A review of the submitted explanation of benefits (EOB) document finds that the insurance carrier denied reimbursement for the disputed service based on billing error(s) and/or lack of information needed. More specifically, per the respondent's position statement, the telehealth service billed under CPT code 99442 was denied due to the use of an incorrect place of service (POS) code in field 24(B) of the medical bill.

CPT code 99442 is described as "Telephone E/M service by a physician or other qualified healthcare professional (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."

DWC finds that 28 TAC §133.30, which sets out the guidelines for telehealth and telemedicine services, applies to the service in dispute. 28 TAC §133.30 states in pertinent part,

"(c) Except as provided in subsection (d) of this section, a health care provider must bill for telemedicine, telehealth, and teledentistry services according to applicable:

(1) Medicare payment policies, as defined in §134.203 of this title (relating to Medical Fee Guideline for Professional Services); ...”

DWC finds that 28 TAC §134.203(b)(1) applies to the reimbursement of disputed CPT code 99442. 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.”

For guidance and information regarding the billing and reimbursement of professional telehealth services please see, [MLN901705 - Telehealth Services \(cms.gov\)](#), which states, “Starting January 1, 2024, use:

- POS 02: Telehealth Provided Other than in Patient’s Home Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
- POS 10: Telehealth Provided in Patient’s Home Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.”

A review of the submitted medical bill finds that on the disputed date of service, the requestor billed CPT code 99442 with POS 11 which represents an office setting and indicates that the patient was seen for evaluation and management in an office setting on the disputed date of service. DWC finds that the description of CPT code 99442 conflicts with POS 11. Therefore, DWC finds that the insurance carrier’s reason for denial of CPT code 99442 rendered via telephone on March 18, 2024, is supported.

2. The requestor is seeking reimbursement in the amount of \$185.28 for CPT Code 99442 rendered on March 18, 2024. Because the insurance carrier’s denial reason is supported, DWC finds that the requestor is not entitled to reimbursement.

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 service.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 12 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.