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
Benjamin Kim, M.D.

Respondent Name
Ace American Insurance Co.

MFDR Tracking Number
M4-25-0727-01

Carrier's Austin Representative
Box Number 15

DWC Date Received
November 27, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 16, 2024	99213	$185.89	$0.00

Requestor's Position

"…payment was never received in our office. I contacted ESIS on 10/28/2024 and learned this check was still 'outstanding' in their system. I was instructed to contact the adjuster … to have the check reissued to my provider. I have contacted the adjuster three times since 10/28/2024 and requested she contact me to discuss this issue, and she has not responded to my requests."

Amount in Dispute: $185.89

Respondent's Position

"There is no evidence that pre-authorization was requested or obtained by the provider prior to the treatment being rendered. A copy of the peer review report that supports our position that the bill was properly denied for lack of pre-authorization is attached."

Response Submitted by: ESIS

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 §134.600 sets out the procedures for preauthorization requirements of healthcare services.
3. 28 TAC §134.203 sets out the fee guideline for professional medical services.
4. 28 TAC §133.210 sets out medical documentation requirements for reimbursement of medical services.

Adjustment Reasons

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

- 197 – Precertification/authorization/notification absent.
- NO PROOF OF PRE-AUTH

Issues

1. Is the denial reason for reimbursement of CPT code 99213 supported?
2. Is the requestor entitled to reimbursement for disputed CPT Code 99213?

Findings

1. A review of the explanation of benefits (EOB) submitted finds that the insurance carrier denied payment for the disputed CPT code 99213 rendered on May 16, 2024, due to lack of preauthorization.

   CPT Code 99213 is described as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making (MDM). When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter."

   28 TAC §134.600(p), which sets out the non-emergency health care requiring preauthorization, does not require that evaluation and management (E/M) office visits be preauthorized. Therefore, DWC finds that preauthorization was not required for the rendering of the service in dispute. Therefore, the insurance carrier's reason for denial is not supported.

2. The requestor is seeking reimbursement in the amount of $185.89 for disputed CPT Code 99213 rendered on May 16, 2024.

   28 TAC §134.203(b)(1), which applies to the billing and reimbursement of CPT code 99213, 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 99213 is described as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making (MDM). When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter."
   - Medicare reimbursement policies require that the documentation of E/M services meet the American Medical Association (AMA) CPT Code Guidelines, which can be found at https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf.
   - In summary, CPT code 99213 documentation must contain two out of three of the following elements: 1) low level of number and complexity of problems addressed 2) limited level of amount and/or complexity of data to be reviewed and analyzed 3) low risk of morbidity/mortality of patient management OR must document 20-29 minutes of total time spent on the date of patient encounter.
   - An interactive E&M scoresheet tool is available at: www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet
   - A review of the submitted medical documentation finds that a low level of MDM was not met in the elements of 1) Amount or complexity of data reviewed and analyzed 2) Risk of morbidity or mortality of patient management. The submitted medical record shows no documentation of time spent on the date of encounter. For these reasons, DWC finds that medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99213. As a result, the requestor is not entitled to reimbursement for CPT code 99213 rendered on May 16, 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 reimbursement is due.

ORDER

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

Authorized Signature

		January 31, 2025
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 electronico CompConnection@tdi.texas.gov.