



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Clinics of North Texas LLP

Respondent Name

Bitco General Insurance Corp

MFDR Tracking Number

M4-25-0772-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 4, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 1, 2024	99214	\$255.00	\$253.76
	Total	\$255.00	\$253.76

Requestor's Position

"The original bill was submitted, and you have denied 99214 as 'Per nurse review, the documentation received does not support the level of service billed.' 99214 CPT Code: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, and code selection is based on the MDM (Medical Decision-Making Level). I have attached the E/M Audit provided by our certified coder and auditor showing that MDM level was Moderate. At least 2 elements must be met or exceeded, 2 elements were met, Problem Score: Moderate, Data Score: Minimal, Risk Score: Moderate. 99214 was billed at the correct level, please reprocess 99214 for payment."

Amount in Dispute: \$255.00

Respondents' Position

"While the Requestor/HCP documents the recommendation of work conditioning, that does not substantiate moderate level of Medical Decision Making. HCP submitted a request for reconsideration with no additional document to support reimbursement for 99214. All factors considered; HCP did not support reimbursement for 99214 thus payment denial was maintained."

Response Submitted by: CorVel Healthcare Corporation

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 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 §133.210 sets out medical documentation requirements for reimbursement of medical services.
4. [28 TAC §134.203](#) sets out medical fee guidelines for professional 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.
- W3 – Appeal / Reconsideration.
- P12 - Workers' Compensation State Fee Schedule Adj
- 73 - Work Status Report
- Noted statement on EOB, reads: "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 99214?

Findings

1. The dispute concerns an evaluation and management service billed under CPT code 99214. The division finds that 28 TAC §133.210(c)(1) applies to reimbursement of CPT code 99214.

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..."

The division finds that [28 TAC §134.203](#) applies to reimbursement of CPT code 99214.

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 \$255.00 for CPT Code 99214 rendered on May 1, 2024.
 - CPT Code 99214 is defined 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 moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded."
 - 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 99214 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 30-39 minutes of total time spent on the date of patient encounter.
 - An interactive E&M scoresheet tool is available at: <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet>
 - A review of submitted medical documentation finds that a moderate level of MDM was met in the elements of 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) Documentation of 30-39 minutes of total time spent on the date of patient encounter. For these reasons, medical documentation submitted meets AMA criteria for reimbursement of CPT code 99214.

28 TAC §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$53.68..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The 2024 DWC Conversion Factor is 67.81
- The 2024 Medicare Conversion Factor is 33.2875
- A review of the medical bills finds that the disputed services were rendered in zip code 76302; the Medicare locality is "4412 99 Rest of Texas."
- The Medicare Participating amount for CPT code 99214 at this locality is \$124.57.
- Using the above formula, the DWC finds the MAR is \$253.76.
- The requestor seeks \$255.00.
- The respondent paid \$0.00.
- Reimbursement of \$253.76 is recommended for date of service May 1, 2024.

The DWC finds that the requestor is entitled to reimbursement in the amount of \$253.76 for CPT code 99214 rendered on May 1, 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.

The Division finds the requestor has established that reimbursement of \$253.76 is due.

ORDER

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the respondent must remit to the requestor \$253.76 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	<u>January 15, 2025</u>
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.