

MDR Tracking Number: M4-05-0470-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9-14-04.

I. DISPUTE

Whether there should be reimbursement for CPT code 99214.

II. RATIONALE

Review of the requestors' position statement as listed on the table of disputed services states in part, "...We contend that documentation does support bill. Our request for reconsideration was denied as well."

Review of the respondent's position statement dated 9-23-04 states in part, "...The requester did not document a detailed history...the requester did not document all the elements required for a detailed history. It appears the injured worker was simply in the office for a follow up visit and release to return to work...It is this carrier's position that the documentation does NOT substantiate that this examination, if it was detailed, was RELEVANT to the reason for the encounter...The requester did not document medical decision making of moderate complexity of the need for medical decision making of moderate complexity..."

99214 billed on date of service 11-17-03 was denied as "N, TG – documentation does not support the service billed."

- Per the AMA CPT documentation requirements, the 99214 level of service was not documented. The history did not include a reason for the visit (chief complaint), did not include a review of systems, or past, family and/or social history. The examination did not include at least three of the seven vital signs required for an examination - only the height was documented. The examination did not include all the elements of an exam to include inspection, percussion and/or palpation with notation of any misalignment, asymmetry, crepitation, defects, tenderness, masses or effusions. The medical decision making of moderate complexity was not documented – there was no diagnoses or complex data to review. Therefore, no reimbursement is recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 99214.

The above Findings and Decision is hereby issued this 31st day of January 2005.

Medical Dispute Resolution Officer
Medical Review Division