

**MDR Tracking Number: M4-05-1221-01**

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 10/08/04.

**I. DISPUTE**

Whether there should be reimbursement for CPT code 99214 billed for date of service 12/22/03.

**II. RATIONALE**

Requestors' position statement dated 10/08/04 consists of TWCC 60 along with SOAP notes for the date of service in dispute.

Review of the respondent's position statement dated 11/04/04 states the carrier appropriately denied the disputed health care treatments/services billed by the healthcare provider as appropriate documentation has not been provided to support the level of office visit billed.

Per the AMA CPT documentation requirements, the 99214 level of service was not substantiated in the documentation submitted. At least two of the three key components were not met in the documentation submitted. The documentation does not substantiate that the details presented in the exam were relevant to the reason for the patient encounter. Furthermore, documentation did not substantiate medical decision making of moderate complexity.

**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 31<sup>st</sup> day of January 2005.

Benita Diaz  
Medical Dispute Resolution Officer  
Medical Review Division

BD/bd