Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Richard Taylor 1920 South Loop 256 Palestine, TX 75801	MFDR Tracking #: M4-07-2198-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: State Office of Risk Management Box #: 45	Date of Injury: Employer Name: State of Texas Insurance Carrier #: 116898

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary, taken from the Table of Disputed Services states in part, "Documentation does support the level of service that was billed"

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Office notes

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "…The first of these components (i.e. history, examination and medical decision making) are the key components in selecting the level of E/M services. Because the level of E/M service is dependent on two or three key components, performance and documentation of one component (eg, examination) at the highest level does not necessarily mean that the encounter in its entirety qualifies for the highest level of E/M service. Despite the fact the provider may appear to meet the requirements of the key components, to justify the level of service selected the physician must appropriately and completely document the medical record in accordance with the current medical policies in effect at the time services were rendered. Therefore, based on the above stated rule and rationale the Office maintains the requestor has failed to provide sufficient documentation to support a presenting problem of moderate to high severity and request the Division deem the requestor is not entitled to reimbursement…"

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
1/31/06	105, W1, R1, 18, W4	99214	1-3	$00.00
Total Due:				$00.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

1. This dispute relates to CPT code 99214 and Respondent's denial based upon denial reasons:

   - "105 – Additional information needed to review charges.
   - W1 – Workers' Compensation State Fee Schedule adj.
   - 18 – Duplicate claim/Service.
   - R1 – Duplicate billing.
   - W4 – No additional payment allowed after review."

2. Per Rule 134.202(b), CPT code 99214 is defined as "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family."

3. Per Rule 133.1(D)(E)(i), documentation submitted does not support the level of service billed; therefore, reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202, §133.1(D)(E)(i)

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is not entitled to reimbursement for the services involved in this dispute.

DECISION:

	Scott Hansen	6/28/07
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. §413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision, that is the subject of the appeal, is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.