



**Texas Department of Insurance**

**Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**GENERAL INFORMATION**

**Requestor Name**

WOL+MED MEDICAL PA

**Respondent Name**

ABF FREIGHT SYSTEM INC

**MFDR Tracking Number**

M4-09-6527-01

**Carrier's Austin Representative**

Box Number 1

**MFDR Date Received**

March 2, 2009

**REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "The treating doctor is allowed to bill and be reimbursed for case management."

**Amount in Dispute:** \$113.00

**RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "This bill was reconsidered and again denied as the request is not for case management but rather a pre-authorization request for physical medicine services at the same facility"

**Response Submitted by:** Arkansas Best Corporation, PO Box 10048, Fort Smith, Arkansas, 72917

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 19, 2008	Case Management Services	\$113.00	\$0.00

**FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 sets out fee guidelines for Workers' Compensation specific services.
- Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT
  - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. THIS CLAIM WAS PROCESSED PROPERLY THE FIRST TIME
  - B12 – SERVICES NOT DOCUMENTED IN PATIENTS MEDICAL RECORDS.

## **Issues**

1. What is the applicable rule for determining reimbursement for the disputed services?
2. Did the requestor submit documentation to support the services in dispute?

## **Findings**

1. This dispute relates to case management services with reimbursement subject to the provisions of 28 Texas Administrative Code §134.204(e), effective March 1, 2008, 33 *Texas Register* 364, which states that:

Case Management Responsibilities by the Treating Doctor is as follows:

- (1) Team conferences and telephone calls shall include coordination with an interdisciplinary team.
  - (A) Team members shall not be employees of the treating doctor.
  - (B) Team conferences and telephone calls must be outside of an interdisciplinary program.

Documentation shall include the purpose and outcome of conferences and telephone calls, and the name and specialty of each individual attending the team conference or engaged in a phone call.
- (2) Team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee.
- (3) Contact with one or more members of the interdisciplinary team more often than once every 30 days shall be limited to the following:
  - (A) coordinating with the employer, employee, or an assigned medical or vocational case manager to determine return to work options;
  - (B) developing or revising a treatment plan, including any treatment plans required by Division rules;
  - (C) altering or clarifying previous instructions; or
  - (D) coordinating the care of employees with catastrophic or multiple injuries requiring multiple specialties.
- (4) Case management services require the treating doctor to submit documentation that identifies any HCP that contributes to the case management activity. Case management services shall be billed and reimbursed as follows:
  - (A) CPT Code 99361.
    - (i) Reimbursement to the treating doctor shall be \$113. Modifier "W1" shall be added.

2. Former 28 Texas Administrative Code §133.307(c)(2)(E), effective May 25, 2008, 33 *Texas Register* 3954, requires that the request shall include "a copy of all applicable medical records specific to the dates of service in dispute." Review of the submitted documentation finds that the requestor has not submitted a copy of the team conference or telephone call notes or documentation to support the disputed services rendered on September 19, 2008. The Division concludes that the requestor has not met the requirements of §133.307(c)(2)(E).

Per §134.204(e)(1)(B), "Documentation shall include the purpose and outcome of conferences and telephone calls, and the name and specialty of each individual attending the team conference or engaged in a phone call." No documentation was found to include the purpose and outcome of the disputed conference or telephone call, or of the name and specialty of each individual attending the team conference or engaged in the phone call. The Division concludes that the requestor has not met the requirement of §134.204(e)(1)(B).

Per §134.204(e)(4), "Case management services require the treating doctor to submit documentation that identifies any HCP [health care provider] that contributes to the case management activity." No documentation was found to identify any health care provider that contributed to the case management activity. The Division concludes that the requestor has not met the requirement of §134.204(e)(4).

The insurance carrier denied disputed services with reason code B12 – "SERVICES NOT DOCUMENTED IN PATIENTS MEDICAL RECORDS." Review of the submitted medical records finds that the documentation does not support the services as billed. The insurance carrier's denial reason is supported. Additional reimbursement is not recommended.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has failed to establish that additional reimbursement is due. As a result, the amount ordered is \$0.00.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

**Authorized Signature**

\_\_\_\_\_  
Signature

Grayson Richardson  
Medical Fee Dispute Resolution Officer

August 20, 2014  
Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

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