



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Health Trust

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-12-3049-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

June 4, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The chronic pain management program is a comprehensive 8 hour program. It consists of 4 hours of behavioral therapy and 4 hours of physical therapy. The notes included in this packet provide time slots for the therapies."

Amount in Dispute: \$8115.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... the requestor has failed to submit medical documentation to support and substantiate the number of hours billed by the requestor for the injured worker's performance in chronic pain management program."

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: January 31, 2012 - February 9, 2012; Chronic Pain Management (97799-CP); \$8115.00; \$2012.50

FINDINGS AND DECISION

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

Background

- 1. 28 Texas Administrative Code §133.305 sets out the procedures for medical dispute resolution.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §133.210 sets out the documentation requirements for medical bills.
4. 28 Texas Administrative Code §134.204 sets out the fee guidelines for Division-specific services.
5. Texas Labor Code §413.011 sets out reimbursement policies and guidelines for medical bills.
6. Texas Labor Code §413.0115 sets out the requirements for voluntary or informal networks.

7. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- All dates of service:
- 45 – Charges exceed your contracted/legislated fee arrangement.
 - 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
 - Note: “The network discount shown above is based on your contract with the Rockport Network.”
- For date of service 1/31/12:
- Note: “DOCUMENTATION ONLY SUPPORTS 6.5 HOURS.”
 - Note: “NO ADDITIONAL PAYMENT RECOMMENDED DUE TO DOCUMENTATION ONLY SUPPORTS 6.5 HOURS.”
- For date of service 2/1/12:
- Note: “DOCUMENTATION ONLY SUPPORT 6 HOURS AND 45 MINUTES.”
 - Note: “NO ADDITIONAL PAYMENT RECOMMENDED DUE TO DOCUMENTATION ONLY SUPPORT 6 HOURS AND 45 MINUTES.”
- For date of service 2/2/12:
- Note: “DOCUMENTATION ONLY SUPPORTS 7 HOURS.”
 - Note: “NO ADDITIONAL PAYMENT RECOMMENDED DUE TO DOCUMENTATION ONLY SUPPORTS 7 HOURS.”
- For date of service 2/3/12:
- Note: “DOCUMENTATION ONLY SUPPORTS 7 HOURS.”
 - W1 – Workers compensation state fee schedule adjustment
- For date of service 2/6/12:
- Note: “DOCUMENTATION ONLY SUPPORTS 6.5 HOURS.”
 - Note: “NO ADDITIONAL PAYMENT RECOMMENDED DUE TO DOCUMENTATION ONLY SUPPORTS 6.5 HOURS.”
- For date of service 2/7/12:
- Note: “RECOMMENDED PAYMENT FOR ONLY 6 HOURS DUE TO THE ATTACHED DOCS ONLY SUPPORT THIS TIME SPENT.”
 - Note: “NO ADDITIONAL PAYMENT RECOMMENDED DUE TO DOCUMENTATION SUPPORTING 6 HOURS.”
- For date of service 2/8/12:
- Note: “DOCUMENTATION ONLY SUPPORTS 6.5 HOURS.”
 - W3 – Additional payment made on appeal/reconsideration.
 - Note: “Recommended supplemental payment due to incorrect Network reduction taken on original audit.”
- For date of service 2/9/12:
- Note: “DOCUMENTATION ONLY SUPPORTS 7 HOURS.”
 - Note: “NO ADDITIONAL PAYMENT RECOMMENDED DUE TO DOCUMENTATION ONLY SUPPORTS 7 HOURS.”

Issues

1. Does the Division have jurisdiction to review this dispute?
2. Did the insurance carrier apply a network reduction in accordance with payment guidelines?
3. Are the insurance carrier’s reasons for reduction of payment for documentation of time supported?
4. What is the Maximum Allowable Reimbursement (MAR) for the disputed services?
5. Is the requestor entitled to additional reimbursement?

Findings

1. Explanations of benefits for the disputed services stated that a network discount was applied to payments “based on your contract with the Rockport Network.” 28 Texas Administrative Code §133.305 (a)(4) defines a medical fee dispute as:

A dispute that involves an amount of payment for non-network health care rendered to an injured employee that has been determined to be medically necessary and appropriate for treatment of that

injured employee's compensable injury. The dispute is resolved by the division pursuant to division rules, including §133.307 of this title (relating to MDR of Fee Disputes)..."

On June 30, 2014, the insurance carrier confirmed that the claimant is not in a network. Texas Labor Code §413.0115 (b) states, "Not later than January 1, 2011, each informal network or voluntary network must be certified as a workers' compensation health care network under Chapter 1305, Insurance Code." Because this dispute is not subject to a certified healthcare network under Chapter 1305, Insurance Code, the Division finds that it has jurisdiction to review this dispute.

2. The insurance carrier reduced payment, in part, using claims adjustment code 45 – "CHARGES EXCEED YOUR CONTRACTED/LEGISLATED FEE ARRANGEMENT," and stating, "The network discount shown above is based on your contract with the Rockport Network." 28 Texas Administrative Code §134.204 (c) states, "When there is a negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the negotiated or contracted amount that applies to the billed services.

Texas Labor Code §413.011 (d-4) states,

Notwithstanding this section or any other provision of this title, an insurance carrier, an insurance carrier's authorized agent, or a network certified under Chapter 1305, Insurance Code, arranging for non-network services or out-of-network services under Section 1305.006, Insurance Code, may continue to contract with a health care provider to secure health care for an injured employee for fees that exceed the fees adopted by the division under this section.

Submitted documentation does not support a negotiated or contracted amount that complies with Texas Labor Code §413.011. Therefore, the insurance carrier did not apply a network reduction in accordance with applicable payment guidelines.

3. The insurance carrier reduced disputed services in part stating that "the requestor has failed to submit medical documentation to support and substantiate the number of hours billed..." 28 Texas Administrative Code §133.210 (c) requires that

In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: ...

- (3) return to work rehabilitation programs ... : a copy of progress notes and/or SOAP (subjective/objective assessment plan/procedure) notes, which substantiate the care given, and indicate progress, improvement, the date of the next treatment(s) and/or service(s), complications, and expected release dates...
- The insurance carrier reduced date of service January 31, 2012, stating, "DOCUMENTATION ONLY SUPPORTS 6.5 HOURS." Review of the submitted medical records finds that the requestor documented 1 hour of Pain Education, 1 hour of Relaxation education, 1 hour of Exercise education, 1 hour of Socialization, and physical activities from 12:00 to 4:00 (4 hours), indicating four sessions of the documented physical activities. The total time documented was 8 hours. The insurance carrier's reduction due to documentation of time for this date of service is not supported.
 - The insurance carrier reduced date of service February 1, 2012, stating, "DOCUMENTATION ONLY SUPPORT 6 HOURS AND 45 MINUTES." Review of the submitted medical records finds that the requestor documented 1 hour of Pain Education, 1 hour of Relaxation education, 2 hours of Socialization, and physical activities from 12:00 to 4:00 (4 hours), indicating four sessions of the documented physical activities. The total time documented was 8 hours. The insurance carrier's reduction due to documentation of time for this date of service is not supported.
 - The insurance carrier reduced date of service February 2, 2012, stating, "DOCUMENTATION ONLY SUPPORTS 7 HOURS." Review of the submitted medical records finds that the requestor documented 1 hour of Pain Education, 1 hour of Relaxation education, 2 hours of Socialization, and physical activities from 12:00 to 4:00 (4 hours), indicating four sessions of the documented physical activities. The total time documented was 8 hours. The insurance carrier's reduction due to documentation of time for this date of service is not supported.

- The insurance carrier reduced date of service February 3, 2012, stating, "DOCUMENTATION ONLY SUPPORTS 7 HOURS." Review of the submitted medical records finds that the requestor documented 1 hour of Pain Education, 1 hour of Relaxation education, 2 hours of Socialization, and physical activities from 12:00 to 4:00 (4 hours), indicating four sessions of the documented physical activities. The total time documented was 8 hours. The insurance carrier's reduction due to documentation of time for this date of service is not supported.
- The insurance carrier reduced date of service February 6, 2012, stating, "DOCUMENTATION ONLY SUPPORTS 6.5 HOURS." Review of the submitted medical records finds that the requestor documented 1 hour of Relaxation education, 1 hour of Pain Education, 1 hour of Holistic education, 1 hour of Socialization, and physical activities from 12:00 to 4:00 (4 hours), indicating four sessions of the documented physical activities. The total time documented was 8 hours. The insurance carrier's reduction due to documentation of time for this date of service is not supported.
- The insurance carrier reduced date of service February 7, 2012, stating, "RECOMMENDED PAYMENT FOR ONLY 6 HOURS DUE TO THE ATTACHED DOCS ONLY SUPPORT THIS TIEM SPENT." Review of the submitted medical records finds that the requestor documented 1 hour of Relaxation education, 2 hours of Pain Education, 1 hour of Socialization, and physical activities from 12:00 to 4:00 (4 hours), indicating four sessions of the documented physical activities. The total time documented was 8 hours. The insurance carrier's reduction due to documentation of time for this date of service is not supported.
- The insurance carrier reduced date of service February 8, 2012, stating, "DOCUMENTATION ONLY SUPPORTS 6.5 HOURS." Review of the submitted medical records finds that the requestor documented 1 hour of Relaxation education, 1 hour of Pain Education, 1 hour of Nutrition education, 1 hour of Socialization, and physical activities from 12:00 to 4:00 (4 hours), indicating four sessions of the documented physical activities. The total time documented was 8 hours. The insurance carrier's reduction due to documentation of time for this date of service is not supported.
- The insurance carrier reduced date of service February 9, 2012, stating, "DOCUMENTATION ONLY SUPPORTS 7 HOURS." Review of the submitted medical records finds that the requestor documented 1 hour of Relaxation education, 2 hours of Pain Education, 1 hour of Socialization, and physical activities from 12:00 to 4:00 (4 hours), indicating four sessions of the documented physical activities. The total time documented was 8 hours. The insurance carrier's reduction due to documentation of time for this date of service is not supported.

The insurance carrier's reduction reasons for documentation of time are not supported. The disputed services will therefore be reviewed per applicable Division rules and fee guidelines.

4. The disputed services are for chronic pain management, CPT code 97799-CP, subject to the fee guidelines found in 28 Texas Administrative Code §134.204 (h), which states, in relevant part,

The following shall be applied to ... Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs ...

- (1) Accreditation by the CARF is recommended, but not required.
 - (A) If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR.
 - (B) If the program is not CARF accredited, the only modifier required is the appropriate program modifier. The hourly reimbursement for a non-CARF accredited program shall be 80 percent of the MAR...
- (5) The following shall be applied for billing and reimbursement of Chronic Pain Management/ Interdisciplinary Pain Rehabilitation Programs.
 - (A) Program shall be billed and reimbursed using CPT Code 97799 with modifier "CP" for each hour. The number of hours shall be indicated in the units column on the bill. CARF accredited Programs shall add "CA" as a second modifier.

(B) Reimbursement shall be \$125 per hour. Units of less than one hour shall be prorated in 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to eight minutes and less than 23 minutes.

Submitted documentation does not support that the requestor is CARF accredited. Therefore the MAR for the disputed services is as follows:

Date of Service	Hours	Hours X \$125	80% of MAR
January 31, 2012	8	\$1000.00	\$800.00
February 1, 2012	8	\$1000.00	\$800.00
February 2, 2012	8	\$1000.00	\$800.00
February 3, 2012	8	\$1000.00	\$800.00
February 6, 2012	8	\$1000.00	\$800.00
February 7, 2012	8	\$1000.00	\$800.00
February 8, 2012	8	\$1000.00	\$800.00
February 9, 2012	8	\$1000.00	\$800.00

5. The total MAR for the disputed services is \$6400.00. The insurance carrier paid \$4387.50. An additional reimbursement of \$2012.50 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$2012.50.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$2012.50 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

October 9, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request 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 §141.1(d).

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