



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

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

BODIES IN BALANCE

Respondent Name

ACE AMERICAN INSURANCE CO

MFDR Tracking Number

M4-13-3120-01

Carrier's Austin Representative

Number 15

MFDR Date Received

July 25, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...code 97799cp#8 Payable at 125.00prt hour 8 hours per day=\$1,000.00, billed amount \$4,000.00, received payment on the amount \$1,00.00, please review your records and sent the remaining \$3,900.00."

Amount in Dispute: \$20,740.00

RESPONDENT'S POSITION SUMMARY

Respondent's Summary: "The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on August 2, 2013. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review."

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|--|-------------------|-------------------|------------|
| December 7, 2012 through December 12, 2012 | 90806 | \$240.00 | \$0 |
| January 15, 2013 through January 24, 2013 | 90806 | \$480.00 | \$0 |
| February 6, 2013 through April 16, 2013 | 97799 CP | \$20,020.00 | \$9,575.00 |
| Total | | \$20,740.00 | \$9,575.00 |

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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.

2. 28 Texas Administrative Code §134.204 sets out the Medical Fee Guideline for Workers' Compensation Specific Services.
3. 28 Texas Administrative Code §134.203 sets out Medical Fee Guideline for Professional Services.
4. Explanation of benefits were reduced/denied by the respondent with the following reason codes:
 - W1- Workers compensation state fee schedule adjustment.
 - 309- The charge for this procedure exceeds the fee schedule allowance.

Issues

1. Did the requestor meet the documentation requirements for service dates December 7, 2012 and December 12, 2012?
2. Did the requestor appropriately bill the services rendered for CPT code 90806 for service dates January 15, 2013 through January 24, 2013?
3. What is the reimbursement guideline for CPT Code 97799-CP?

Findings

1. Per 28 Texas Administrative Code §134.203 (b) (1) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:(1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits...and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. The American Medical Association (AMA) CPT code description for 90806 is:
 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
 Review of the submitted documentation does not support that the requestor spent 60 minutes as noted with the patient for service date December 7, 2012 and December 12, 2012. Therefore, reimbursement is not recommended for the above service dates.
2. The medical bill indicates that the requestor billed AMA CPT Code 90806 for service dates January 15, 2013 through January 24, 2013. Per AMA description, CPT code 90806 was deleted effective January 1, 2013 and replaced with CPT code 90834. The requestor did not appropriately bill for service dates January 15, 2013 through January 24, 2013. Therefore, reimbursement is not recommended.
3. Per 28 Texas Administrative Code §134.204 “(h)The following shall be applied to Return To Work Rehabilitation Programs for billing and reimbursement of Work Conditioning/General Occupational Rehabilitation Programs, Work Hardening/Comprehensive Occupational Rehabilitation Programs, Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs, and Outpatient Medical Rehabilitation Programs. To qualify as a Division Return to Work Rehabilitation Program, a program should meet the specific program standards for the program as listed in the most recent Commission on Accreditation of Rehabilitation Facilities (CARF) Medical Rehabilitation Standards Manual, which includes active participation in recovery and return to work planning by the injured employee, employer and payor or carrier. (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.”

Review of the CMS-1500s and the medical documentation finds that the requestor billed for the following;

The requestor billed 8 hours of 97799-CP on February 6, 2013 and documented 5 hours. Reimbursement is calculated at \$100.00/hour at 5 hours. The recommended amount is therefore \$500.00.

The requestor billed 8 hours of 97799-CP on February 7, 2013 and documented 5 hours. Reimbursement is calculated at \$100.00/hour at 5 hours. The recommended amount is therefore \$500.00.

The requestor billed 8 hours of 97799-CP on February 8, 2013 and documented 5 hours. Reimbursement is calculated at \$100.00/hour at 5 hours. The recommended amount is therefore \$500.00.

The requestor billed 8 hours of 97799-CP on February 12, 2013 and documented 6 hours. Reimbursement is calculated at \$100.00/hour at 6 hours. The recommended amount is therefore \$600.00.

The requestor billed 8 hours of 97799-CP on February 13, 2013 and documented 5 hours. Reimbursement is calculated at \$100.00/hour at 5 hours. The recommended amount is therefore \$500.00.

The requestor billed 8 hours of 97799-CP on February 14, 2013 and documented 5 hours. Reimbursement is calculated at \$100.00/hour at 5 hours. The recommended amount is therefore \$500.00.

The requestor billed 8 hours of 97799-CP on February 15, 2013 and documented 5 hours. Reimbursement is calculated at \$100.00/hour at 5 hours. The recommended amount is therefore \$500.00.

The requestor billed 8 hours of 97799-CP on February 19, 2013 and documented 5.75 hours. Reimbursement

is calculated at \$100.00/hour at 5.75 hours. The recommended amount is therefore \$575.00.

The requestor billed 8 hours of 97799-CP on February 20, 2013 and documented 5 hours. Reimbursement is calculated at \$100.00/hour at 5 hours. The recommended amount is therefore \$500.00.

The requestor billed 8 hours of 97799-CP on February 21, 2013 and documented 4.75 hours. Reimbursement is calculated at \$100.00/hour at 4.75 hours. The recommended amount is therefore \$475.00.

The requestor billed 8 hours of 97799-CP on March 27, 2013 and documented 4.75 hours. Reimbursement is calculated at \$100.00/hour at 4.75 hours. The recommended amount is therefore \$475.00.

The requestor billed 8 hours of 97799-CP on April 1, 2013 and documented 3.75 hours. Reimbursement is calculated at \$100.00/hour at 3.75 hours. The recommended amount is therefore \$375.00.

The requestor billed 8 hours of 97799-CP on April 2, 2013 and documented 5 hours. Reimbursement is calculated at \$100.00/hour at 5 hours. The recommended amount is therefore \$500.00.

The requestor billed 8 hours of 97799-CP on April 3, 2013 and documented 6 hours. Reimbursement is calculated at \$100.00/hour at 6 hours. The recommended amount is therefore \$600.00.

The requestor billed 8 hours of 97799-CP on April 4, 2013 and documented 4 hours. Reimbursement is calculated at \$100.00/hour at 4 hours. The recommended amount is therefore \$400.00.

The requestor billed 8 hours of 97799-CP on April 5, 2013 and documented 2.75 hours. Reimbursement is calculated at \$100.00/hour at 2.75 hours. The recommended amount is therefore \$275.00.

The requestor billed 8 hours of 97799-CP on April 8, 2013 and documented 4.75 hours. Reimbursement is calculated at \$100.00/hour at 4.75 hours, minus the previous payment of \$25.00 as indicated by the requestor on the table of disputed services. The recommended amount is therefore \$450.00.

The requestor billed 8 hours of 97799-CP on April 12, 2013 and documented 4.75 hours. Reimbursement is calculated at \$100.00/hour at 4.75 hours, minus the previous payment of \$25.00 as indicated by the requestor on the table of disputed services. The recommended amount is therefore \$450.00.

The requestor billed 8 hours of 97799-CP on April 15, 2013 and documented 4.75 hours. Reimbursement is calculated at \$100.00/hour at 4.75 hours, minus the previous payment of \$25.00 as indicated by the requestor on the table of disputed services. The recommended amount is therefore \$450.00.

The requestor billed 8 hours of 97799-CP on April 16, 2013 and documented 4.75 hours. Reimbursement is calculated at \$100.00/hour at 4.75 hours, minus the previous payment of \$25.00 as indicated by the requestor on the table of disputed services. The recommended amount is therefore \$450.00.

As a result the requestor is entitled to a total recommended amount of \$9,575.00 for service dates February 6, 2013 through April 16, 2013.

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 \$9,575.00.

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 \$9,575.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 18, 2014
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, effective May 31, 2012, *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 MDR 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.