



**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**

ELITE HEALTHCARE GARLAND

**Respondent Name**

GRANITE STATE INSURANCE CO

**MFDR Tracking Number**

M4-14-3105-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

JUNE 11, 2014

**REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** Per TDI and rule 134.204(e) the Team Conference can be billed every 30 days...The team that completed this conference is not of the treating doctor. They are all employees of Elite Healthcare and they meet to discuss the patient's plan of care and where the patient is currently. We bill according to the Medicare Fee Schedule and allowance."

**Amount in Dispute:** \$113.00

**RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The provider billed CPT Code 99361 W1. This means there is a medical conference by a physician with interdisciplinary team. In reviewing the medical records, a physician did not attend this conference, but rather individuals who work for the facility. Additionally, on 01/27/2014 the claimant had been approved for injections and work hardening preauthorization has never been requested. This means this bill was not submitted according to Rule 134.204(e)."

**Response Submitted By:** AIG

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 4, 2014	CPT Code 99361-W1 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**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204, effective March 1, 2008, sets out medical fee guidelines for workers' compensation specific services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
- W1-Workers compensation state fee schedule adjustment.
  - VA07-This service/supply is not covered according to the state fee schedule guideline.
  - Z656-Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review.
  - X394-Our position remains the same if you disagree with our decision please contact the division for medical fee dispute resolution.

**Issues**

Did the requestor support billing the medical conference in accordance with 28 Texas Administrative Code §134.204? Is the requestor entitled to reimbursement?

**Findings**

The respondent denied reimbursement for the case management services, CPT code 99361, based upon reason codes "W1" and "VA07."

28 Texas Administrative Code §134.204(e)(2) states: "Case Management Responsibilities by the Treating Doctor is as follows: 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."

28 Texas Administrative Code §134.204(e)(4) states "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. The requestor billed CPT code 99361-W1; however, the documentation does not support that the treating doctor participated in the case management service.

Review of the submitted TEAM CONFERENCE report finds that the requestor listed the participants in the conference; however, the record does not document that it was 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. As a result, reimbursement is not recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established 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 disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

01/29/2015  
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, 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.**