



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

ELITE HEALTHCARE FT WORTH

Respondent Name

INDEMNITY INSURANCE CO

MFDR Tracking Number

M4-14-0757-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

November 4, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Patient was seen for the exact same service on 8.2.2013, same charge, and same CPT code. That claim was paid for in full. This one should also be paid in full. Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies of patient care."

Amount in Dispute: \$113.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The medical bill received for the date of service 6/17/13 shows Michael Lopez, D.C. as the physician who supplied the services. However, the documentation does not show that Michael Lopez, D.C. attended the team conference. The documentation specifically [sic] says 'Healthcare professionals participating in conference' are as follows: Steve Silvey, P.T.; Jacqueline Allender, LMT; Yesenia Pedrosza, CA; Alivia Lopez, CA; and Sigal Lazalde, CA. Each one of them signed the documentation. Michael Lopez, D.C. did not sign the documentation as a participant. Therefore, the documentation does not support the services billed. Further, this conference did not meet the requirements of DWC Rule 134.204(e)(1)(B)(2) which states that team conference and telephone calls should be triggered by a documented change in the condition of the injured employee. There is no documented change in condition of the Claimant. As such, the documentation does not support the services billed.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 7, 2013	CPT Code 99361-W1	\$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 §133.20 sets out the procedures for medical bill submission by the health care provider
3. 28 Texas Administrative Code §134.204 sets out the guidelines for reimbursement workers' compensation

specific services.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - V298 – CV: Documentation on the CMS 1500 or UB04 is not supported by the information in the medical record.
 - B12 – (B12): Services not documented in the patients’ medical records.

Issues

1. Did the requestor document the service in accordance with 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied the service using denial code V298 – “Documentation on the CMS 1500 or U04 is not supported by the information in the medical record. In accordance with 28 Texas Administrative Code §133.20(e)A medical bill must be submitted: (2) in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care. Review of the CMS-1500 submitted by the requestor finds that the services were billed by Michael Lopez, D.C.; however Dr. Lopez is not one of the healthcare professionals that participated in the conference. There is no documentation to support that Dr. Lopez provided direct supervision at the team conference; therefore, the requestor has not met the requirements of the rule and reimbursement is not recommended.
2. According to 28 Texas Administrative Code §134.204(e) states, “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. Review of the submitted documentation finds the requestor has not met the requirements of the rule and reimbursement is not recommended.
3. Review of the documentation submitted by the requestor finds the services were not sufficiently documented. Therefore, reimbursement in the amount of \$0.00 is due.

Conclusion

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

		June 26, 2014
Signature	Medical Fee Dispute Resolution Officer	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.