



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

NUEVA VIDA BEHAVIORAL HEALTH & ASSOCIATES

Respondent Name

HARTFORD UNDERWRITERS INSURANCE

MFDR Tracking Number

M4-14-0814-01

Carrier's Austin Representative Box

Box Number 47

MFDR Date Received

NOVEMBER 12, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Rule 134.600 DOES NOT state that claims can be denied as not medically necessary based on an opinion or NOT understanding the relation of the medically necessary treatment to the compensable injury of a medical evaluator whom may or may not have had all the patient's medical records for review at the time he/she conducted the peer review nor does it state anywhere that just because the payer deems the services were not medically necessary they can deny payment on these services. Furthermore, 99361 – Case Management- allowed to be used under the Medical Fee Guidelines for Worker's Compensation Specific Service §134.204. The rule states, 'Team conferences may occur, and be billed for, more than once every 30 days if the conferences are for the purpose of 1) coordinating return to work options with the employer, employee, or an assigned medical or vocational case manager; 2) developing or revising a treatment plan; 3) altering or clarifying previous instructions; 4) coordinating the care of employees with catastrophic or multiple injuries requiring multiple specialties.' Our documentation clearly shows this information and the purpose of the conference."

Amount in Dispute: \$278.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our investigation finds the following: On 11/13/12 – PLN 11 filed disputing psychological issues as not being the result of the compensable accident."

Response Submitted by: THE HARTFORD

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|--|-------------------|-------------------|------------|
| November 26, 2012 December 13, 2012 | CPT Code 99806 | \$250.00 | \$0.00 |
| May 15, 2013 | CPT Code 99361 | \$28.00 | \$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 §133.305 defines MDR – General.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §134.204 sets out the guidelines for Workers' Compensation specific services.
4. 28 Texas Administrative Code §133.210 sets out the procedures for medical documentation.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 191 – Extent of injury not finally adjudicated. Reimbursement withheld – charge unrelated to compensable injury.
 - 247 – A payment or denial has already been recommended for this service.
 - B13 – Previously paid payment for this claim/service may have been provided in a previous payment.
 - 5359 – We are unable to process your re-billing, as the documentation does not specify the concern regarding the original analysis. Please re-submit with a copy of the original EOR and a clarification for the basis of the reconsideration.
 - 293 – This procedure requires authorization and none was identified.
 - 15 – Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
 - B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.
 - 556 – This provider is not an authorized treater in workers' compensation.

Issues

1. Where non-adjudicated issues presented by the requestor.
2. Did the requestor following the Fee Guideline for Workers' Compensation Specific Services?
3. Is the requestor entitled to reimbursement?

Findings

1. **Unresolved extent-of-injury dispute:** The medical fee dispute referenced above contains unresolved issues of extent-of-injury for the same service(s) for which there is a medical fee dispute. The insurance carrier notified the requestor of such issues in its explanation of benefits (EOB) response(s) during the medical billing process.

Dispute resolution sequence: 28 Texas Administrative Code §133.305(b) requires that extent-of-injury disputes be resolved prior to the submission of a medical fee dispute for the same services.

Extent-of-injury dispute process: The Division hereby notifies NUEVA VIDA BEHAVIORAL HEALTH & ASSOCIATES that the appropriate process to resolve the issue(s) of extent of injury, including disputes or disagreements among the parties over whether the medical services in dispute were related to the compensable injury, may be found in Chapter 410 of the Texas Labor Code, and 28 Texas Administrative Code §141.1. As a courtesy to NUEVA VIDA BEHAVIORAL HEALTH & ASSOCIATES, instructions on how to file for resolution of the extent of injury issue are attached. The extent of injury issue has not been adjudicated; therefore, Medical Fee Dispute Resolution will not review dates of service November 26, 2012 and December 13, 2012.

2. The requestor billed for a Team Conference, CPT Code 99361, on May 15, 2013. This was denied by the respondent using denial codes B7 – “This provider was not certified/eligible to be paid for this procedure/service on this date of service” and 556 – “This provider is not an authorized treater in Workers' Compensation.” Review of documentation finds the respondent has not supported their denials; therefore, Medical Fee Dispute Resolution will review the service in accordance with Division Rules and Statute.
28 Texas Administrative Code §134.204(e) Case Management Responsibility 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. (ii) Reimbursement to the referral HCP shall be \$28 when a HCP contributes to the case management activity.

Review of the case management note finds that the general purpose of the case management meeting was for care coordination and the specific purpose was coordinating care and revising the treatment plan, with the conference notes document. However, in accordance with 28 Texas Administrative Code §133.304(e)(4) case management service require the treating doctor to submit documentation that identified any HCP that contributes to the case management activity. Review of the case management note finds that all the listed participants names and specialties are not legible.

28 Texas Administrative Code 133.210(b) requires that when submitting a medical bill for reimbursement, the health care provider shall provide required documentation in legible form, unless the required documentation was previously provided to the insurance carrier or its agents. Therefore, reimbursement is not recommended.

3. Because the requestor did not submit legible case management participants' names and specialties reimbursement is not ordered.

2.

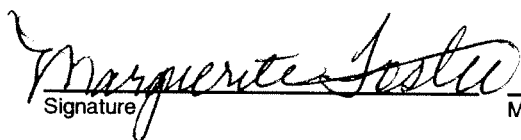
Conclusion

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

Marguerite Foster
Medical Fee Dispute Resolution Officer

November 13, 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.

