



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

NUEVA VIDA BEHAVIORAL HEALTH AND ASSOC.

Respondent Name

COMMERCE & INDUSTRY INSURANCE

MFDR Tracking Number

M4-15-0186-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

SEPTEMBER 15, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: On 9/23/13, Licensed Professional Counselor, Andrea Zuflacht, M.S., L.P.C. (Nueva Vida Behavioral Clinical Director) met with [Claimant's] treating physician Dr. James Simmons Jr. MD., Annie Armstrong MS., Katie Palmer MA., LPCI and Shawna Carreon to coordinate his plan of care."

Amount in Dispute: \$28.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "it is the carrier's position that the bill was denied correctly. This is the only provider to bill this date of service for the conducted conference. She is a Licensed Professional Counselor. This appears to be a staff meeting. Rule 134.204 states case management activities are the responsibility of the treating doctor primarily, but a referral provider may participate and bill for these activities. This was not a referral provider. An interdisciplinary team may not include employees of the coordinating provider. The fact that the involved group all work at the same location with treating doctor makes it not payable (Staff meetings are not separately reimbursable)."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 23, 2013	CPT Code 99361 Case Management Services	\$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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204, effective March 1, 2008, sets out medical fee guidelines for workers' compensation specific services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 150-Paymer deems the information submitted does not support this level of service.
 - W1-Workers compensation state fee schedule adjustment.
 - VF01-Documentation does not support level of service billed.

- VA07-This service/supply is not covered according to the state fee schedule guidelines.
- 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 "150" and "VF01."

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.
- (ii) Reimbursement to the referral HCP shall be \$28 when a HCP contributes to the case management activity."

Review of the submitted CASE MANAGEMENT NOTE report finds that the requestor listed the participants in the conference. The report does not support the treating doctor was involved. The requestor noted "Triggers: medication use, upcoming surgery, affective functioning deficits, voc rehab. concerns." The documentation does not support that the case management was triggered by a documented change in the injured employee's condition per by 28 Texas Administrative Code §134.204(e)(2). 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	02/03/2015 Date
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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.