



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

Respondent Name

Federal Insurance Company

MFDR Tracking Number

M4-15-0188-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

September 15, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On 5/5/14, Licensed Professional Counselor, Andrea Zuflacht, M.S., L.P.C. (Nueva Vida Behavioral Clinical Director) met with [the injured employee's] treating physician Ahn Pham DC., Leticia Cortez MS., LPCS., Erica Contreras BA., and Shawna Carreon to coordinate his plan of care. The service the HCP (Nueva Vida Behavioral Health), who is contracted with Chubb Insurance, billed **99361-Case Management**, which is allowed to be used under the **Medical Fee Guidelines for Worker's Compensation Specific Services §134.204**. This claim was printed and submitted on 5/7/14, well within the 95 timely filing period. 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.**

...Persuant to the Texas Department of Worker's Compensation Medical Fee Guidelines subchapter C §134.204 *Medical Fee Guideline for Worker's Compensation Specific Services (1) (e)*, we are the referring HCP and we are billing for case management services. Please do not deny payment for this service as we are within the medical fee guidelines to bill for this service. Case Management services shall be billed and reimbursed as follows: (A) CPT code 99361 (ii) Reimbursement to the referral HCP shall be \$28 when HCP contributes to the case management activity."

Amount in Dispute: \$28.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position 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 September 23, 2014. 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.

Response Submitted by: NA

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 5, 2014	Team Conference – Referral Doctor	\$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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 provides the fee guidelines for billing and reimbursing Division-specific services.
3. 28 Texas Administrative Code §133.210 sets out the requirements for medical documentation.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - B15 – Procedure/service is not paid separately.
 - B15 – Requires a qualifying svc/procdr be rec'd and paid

Issues

1. Did the requestor meet the billing requirements set out in 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied the billed charges, stating, "Procedure/service is not paid separately." 28 Texas Administrative Code §134.204 (e)(4) states, in relevant part, "Case management services require the **treating doctor to submit documentation** that identifies any HCP that contributes to the case management activity" [emphasis added]. Further, 28 Texas Administrative Code §133.210 (b) states, "When submitting a medical bill for reimbursement, the health care provider **shall provide required documentation in legible form**" [emphasis added].

The requestor states in the position statement that both the treating doctor and referral health care provider were present for the team conference in question. However, the participants listed on the submitted documentation are not legible. Therefore, the requestor did not meet the billing requirements set out in 28 Texas Administrative Code §134.204.

2. Because the requestor did not meet the billing requirements for the disputed services, reimbursement is not supported.

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

February 4, 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.