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
St. Mary Behavioral Pain Management

Respondent Name
Property and Casualty Insurance Company of Hartford

MFDR Tracking Number
M4-15-0675-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
October 20, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are requesting assistance from your office on the above-mentioned patient for services rendered on **10/23/13.** Services were denied for the following reason(s):

- The procedure code billed is not appropriate for use by the provider
- Reimbursement has been calculated according to the state fee schedule guidelines

This denial is invalid. Provider Denise Weinberg was pre-authorized as the provider for the complex follow up visit, **Case #49509.** State fee schedule is greater than $0.00.

Reconsideration was submitted 1/27/14. To this date no response has been received. Secure message from carrier verifies that the reconsideration was in fact received on 1/30/14 and still in process. The time limit for processing reconsiderations has expired."

Amount in Dispute: $198.35

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We are in receipt of the medical fee dispute resolution request from St. Mary Behavioral Pain Management for date of service 10/23/13. Payment has been made."

Response Submitted by: Broadspire

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 23, 2013	Evaluation & Management, established patient (99214)	$198.35	$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 §134.203 sets out the fee guidelines for billing and reimbursing professional medical services.
3. 22 Texas Administrative Code §781.202 defines the scope of practice for social workers.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 313 – The procedure code billed is not appropriate for use by the provider.
   - 663 – Reimbursement has been calculated according to the State Fee Schedule Guidelines.
   - W1 – Workers' Compensation jurisdictional fee schedule adjustment.
   - A19 – Upon further review, additional payment is warranted

Issues

1. Was the billed procedure code appropriate for use by the provider?
2. What is the correct MAR for the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. Review of the submitted documentation finds that the requestor meets the definition of a clinical social worker according to the Medicare Benefit Policy Manual, Chapter 15 §170.A. The services are for an evaluation and management examination for an established patient (99214), which qualifies for coverage according to the Medicare Benefit Policy Manual, Chapter 15, §170.C. Further, these services fall within the scope of practice for clinical social workers, according to 22 Texas Administrative Code §781.202. Therefore, the billed procedure code is appropriate for use by the provider.
2. Procedure code 99214, service date October 23, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 1.5 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 1.5135. The practice expense (PE) RVU of 1.54 multiplied by the PE GPCI of 1.002 is 1.54308. The malpractice RVU of 0.1 multiplied by the malpractice GPCI of 0.923 is 0.0923. The sum of 3.14888 is multiplied by the Division conversion factor of $55.30 for a MAR of $174.13.
3. The Division finds that procedure code 99214 was supported by the submitted documentation. Total allowable for this service is $174.13. The insurance carrier paid $174.13 on November 10, 2014. Therefore, no further reimbursement is 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

	Laurie Garnes	March 30, 2015
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.