



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 Fort Worth

Respondent Name

Birdville Independent School District

MFDR Tracking Number

M4-15-1523-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 23, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am resubmitting the claim for payment for the following reasons: THIS IS NOT A DUPLICATE CLAIM/SERVICE. All of this documentation was sent in for reconsideration to the carrier several times. This is an approved case with all other claims being paid in full. Team conferences are conducted by EMPLOYEES of Elite Healthcare Fort Worth. They are NOT EMPLOYEES of the TREATING PROVIDER. Dr. Lopez is also an EMPLOYEE of Elite Healthcare Fort Worth. Carrier has paid same service 2 previous times. Please see attached patient account statement showing all other claims being paid in a timely manner. I'm taking the next step to get the rest of these claims paid and sending all documentation I have to MDR. THESE ARE NOT DUPLICATES. All other claims have been paid at 100%. Therefore, these claims should be paid in full."

Amount in Dispute: \$339.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Description of health care in dispute:

CPT code 99361 – Case management services

The CPT code 99361 for the date of service 7/18/2014 was denied on reconsideration with the CARC reduction code of 150 & 96 and with EOB comments of:

150 – Payment adjusted because the payer deems the information submitted does not support this level of service.

Per the rule 134.204(e), Case Management is the responsibility of the treating doctor. Per the rule 134.204(e)(2), Team conferences and phone 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.

Documentation for case management activities must include the purpose and outcome of conferences and telephone calls. The documentation does not support a documented change in condition nor the purpose or outcome of the conference.

96 – Per Rule 134.204(e) – the team conference member shall not be an employee of the coordinating health care provider. All members are within the same practice and billing provider info is the same on all.

The CPT code 99361 for the date of service 8/22/2014 and 10/10/2014 were denied with the CARC reduction code of 96 and with EOB comments of:

96 – Per Rule 134.204(e) – the team conference member shall not be an employee of the coordinating health care provider. All members are within the same practice and billing provider info is the same on all.

Please note that there has been no reconsideration for date of service 10/10/2014.

Rule 134.204 (e) specifically 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.

Michael Lopez, D.C. is the claimant's treating doctor. Please see attachment 1, DWC-53 dated 2/24/2011. Documentation indicates that the team members that participated in the conference were all members and employees of the same organization, Elite Healthcare Ft. Worth. As such, they are employees of the treating doctor. Please see attachment 2, which is an Elite Healthcare Ft. Worth fax cover letter from Sigal Lazalde (team member that participated in the conference).

Starr Comprehensive Solutions, Inc. maintains the position that the requestor is not eligible for reimbursement of the disputed services.

The submission of 10/24/14 for date of service 10/10/2014 was the original submission and processed on 11/11/2014. To date no reconsideration has been requested for the 10/10/2014 date of service. Reconsideration is required in this case prior to the request for MFDR.

Attachment 3 includes the 2 missing original EOBs for dates of service 7/18/2014 and 8/22/2014."

Response Submitted by: Starr Comprehensive Solutions, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 18, 2014 August 22, 2014 October 10, 2014	Team Conferences (99361)	\$339.00	\$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 sets out the fee guidelines for billing and reimbursing Division-specific services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

For date of service July 18, 2014:

- 96 – Non-covered charge(s).
- Comment: 96 – Per Rule 134.204(e) – the team conference member shall not be an employee of the coordinating health care provider. All members are within the same practice and billing provider info is the same on all.
- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.
- 193 – Original payment decision is being maintained. This claim was processed properly the first time.
- Comments: 150 – Per the rule 134.204(e), Case Management is the responsibility of the treating doctor. Per the rule 134.204(e)(2), Team conferences and phone 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.

Documentation for case management activities must include the purpose and outcome of conferences and telephone calls. The documentation does not support a documented change in condition nor the purpose or

outcome of the conference.

For date of service August 22, 2014:

- 96 – Non-covered charge(s).
- Comments: 96 – Per Rule 134.204(e) – the team conference member shall not be an employee of the coordinating health care provider. All members are within the same practice and billing provider info is the same on all.
- 193 – Original payment decision is being maintained. This claim was processed properly the first time.

For date of service October 10, 2014:

- 96 – Non-covered charge(s).
- Comments: 96 – Per Rule 134.204(e) – the team conference member shall not be an employee of the coordinating health care provider. All members are within the same practice and billing provider info is the same on all.

Issues

1. Did the insurance carrier support denial of the disputed charges as non-covered charges?
2. Did the insurance carrier support denial of the level of service for the disputed charge for date of service July 18, 2014?
3. Did the requestor support the disputed services as required by 28 Texas Administrative Code §134.204?
4. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied the disputed charges stating that they were non-covered charges. They further defined this denial by stating, "Per Rule 134.204(e) – the team conference member shall not be an employee of the coordinating health care provider. All members are within the same practice and billing provider info is the same on all."

28 Texas Administrative Code §134.204 (e)(1)(A) states, "Team members shall not be **employees of the treating doctor**" [emphasis added]. Review of available documentation does not support that the treating doctor on file, Michael Lopez, DC, is the employer of the attendees listed. Therefore, the insurance carrier has not supported denial of the disputed charges as non-covered charges.

2. The insurance carrier additionally denied date of service July 18, 2014 stating, "Payment adjusted because the payer deems the information submitted does not support this level of service." They further clarified this denial by stating, "Per the rule 134.204(e), Case Management is the responsibility of the treating doctor. Per the rule 134.204(e)(2), Team conferences and phone 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. Documentation for case management activities must include the purpose and outcome of conferences and telephone calls. The documentation does not support a documented change in condition nor the purpose or outcome of the conference."

Review of the submitted documentation finds that the report of the team conference on date of service July 18, 2014 does not include a documented change in the injured employee's condition, as required by 28 Texas Administrative Code §134.204 (e)(2). Further, the documentation does not include the purpose or outcome of the conference as required by 28 Texas Administrative Code §134.204 (e)(1)(B), which states, "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."

Therefore, the insurance carrier did support denial of the level of service for the disputed charge for date of service July 18, 2014.

3. 28 Texas Administrative Code §134.204 (e) states, in relevant part, "Case Management Responsibilities **by the Treating Doctor** is as follows: ... (4) Case management services require the treating doctor to submit documentation that identifies any HCP that contributes to the case management activity." Review of the submitted documentation does not support that the treating doctor was present for the team conferences on the disputed dates of service. Therefore, the requestor has not supported the disputed services as required by 28 Texas Administrative Code §134.204.
4. Because the documentation submitted does not support the disputed services, no 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

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

April 28, 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.