



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

AAA Medical Solutions

Respondent Name

City of San Antonio

MFDR Tracking Number

M4-15-3045-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 19, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "THIS EVALUATION IS PERFORMED AT THE COMPLETION OF THE PATIENT'S WORK HARDENING PROGRAM IN ORDER TO EVALUATE THE PATIENT'S PROGRES IN MENTAL, BEHAVIORAL, AND PHYSICAL HEALTH ... THIS REPORT IS NEEDED IN ORDER FOR THE 2ND PART OF WH PROGRAM TO BE CONSIDERED AND AUTHORIZED."

Amount in Dispute: \$275.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "28 TAC § 134.204(h)(3)(A) does not provide a separate reimbursement for a Work Hardening progress note. Nor does Medicare provide a reimbursement value for procedure code 90889."

Response Submitted by: Argus Services Corporation

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: November 3, 2014, Preparation of report of patient psychiatric status (90889), \$275.00, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 guidelines for billing and reimbursing professional medical services.
3. 28 Texas Administrative Code §134.204 sets out the guidelines for billing and reimbursing Division-specific services.
4. 28 Texas Administrative Code §134.120 sets out the guidelines for billing and reimbursing medical

documentation.

5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 97H – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. *Service(s)/Procedure is included in the value of another service/procedure billing on the same date.*
 - W3W – No reimbursement recommended on reconsideration. Previous recommendation was in accordance with the Workers’ Compensation State Fee Schedule.

Issues

1. What is the correct rule to evaluate the disputed services?
2. Is the insurance carrier’s reason for denial of payment supported?

Findings

1. The insurance carrier denied disputed services with claim adjustment reason code 97H – “The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated...”

CPT code 90889 is defined as “Preparation of report of patient’s psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers.” 28 Texas Administrative Code §134.204 does not address CPT code 90889 as a Division-specific service, nor is it discussed in relation to work hardening. The submitted documentation does not indicate that the report was requested by the insurance carrier, so it does not meet the requirements of 28 Texas Administrative Code §134.120 for reimbursement by the insurance carrier. For this reason, the disputed services are appropriately reviewed under 28 Texas Administrative Code §134.203.

2. 28 Texas Administrative Code §134.203 (b) states,

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Medicare identifies CPT code 90889 as “always bundled,” which means, “Payment for covered services are always bundled into payment for other services not specified.” The insurance carrier’s denial reason is supported. Additional reimbursement cannot be 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	September 24, 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, 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 MFDR 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.