



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

PRC Health Services

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-16-2955-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 25, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We resubmitted the bills with all proper information to process the bills for payment. The carrier failed to appropriately process our claim and we feel we should be reimbursed according to the workers compensation fee schedule."

Amount in Dispute: \$160.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see the EOBs. Per CPT 90832 this is a time 30 minute psychotherapy code. The medical note does not indicate the duration spent with the patient."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 2, 2016	90832	\$160.00	\$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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the medical fee guidelines for professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 11 – Service not furnished directly to the patient and/or not documented
 - P12
 - W3

Issues

1. Are the insurance carrier’s reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The services in dispute are related to professional medical services. The insurance carrier denied disputed services with claim adjustment reason code 11 – “Service not furnished directly to the patient and/or not documented.” 28 Texas Administrative Code §134.203(b) states in pertinent part,

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.

The applicable Medicare policy regarding “timed” codes can be found at, www.cms.hhs.gov. Specifically Med Learns Matter Article SE1407 which states, “Because time is indicated in the code descriptor for the psychotherapy CPT codes, it is important for providers to clearly document in the patient’s medical record the time spent providing the psychotherapy service...” Review of the submitted document titled “Individual Counseling” with a date of 2/2/2016 finds not documentation of time spent with the patient. Therefore, the Division finds the carriers denial is supported.

2. Pursuant to requirements of Rule 134.203(b) not being met, no additional payment 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 additional reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	June 21, 2016 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, 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.