



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

TEXAS PAIN RELIEF GROUP

MFDR Tracking Number

M4-17-0890-01

MFDR Date Received

December 2, 2016

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative

Box Number 54

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am requesting this review because Texas Mutual is denying our claims for CPT 99214. Texas Mutual has stated in there [sic] original denial and appeal denial that the documentation does not support the billed service. Texas Mutual is denying these claims due to we only met two of the requirements out of three. However CMS Guidelines only require that you meet two of the three requirements. CMS Guidelines states, 'The documentation for this encounter requires TWO out of THREE of the following...' Enclosed you will find the medical records showing that we met 2 of the requirements. We are not required to meet all three per CMS guidelines."

Amount in Dispute: \$2,640.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor had out of network authorization to treat the claimant. There is a Network preauthorization requirement for psychological testing and subsequent rests [sic] or testing... Further, Rule 134.600 (p) (6) states non-emergency health care requiring preauthorization includes all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program. The documentation does not sustain such exemption."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

| Date(s) of Service | Disputed Service(s) | Amount In Dispute | Amount Due |
|--|-------------------------|-------------------|------------|
| January 7, 2016 through June 24, 2016 | 99214 x 4 and 96103 x 2 | \$2,640.00 | \$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 §134.600, sets out the preauthorization guidelines.
3. 28 Texas Insurance Code Chapter 1305 applicable to Health Care Certified Networks.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes.
 - CAC-197 — Precertification/authorization/notification absent
 - 240 — Preauthorization not obtained
 - 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information
 - 890 – Denied per AMA CPT Code description for level of service and/or nature of presenting problems

Issues

1. Did the requestor meet the exception outlined in Chapter 1305.006?
2. Did the requestor obtain preauthorization for CPT Code 96103 rendered on February 5, 2016 and April 29, 2016?
3. Did the requestor submit documentation to support the level of service for CPT Code 99214 rendered on January 7, 2016, February 5, 2016, April 29, 2016 and June 24, 2016?
4. Is the requestor entitled to reimbursement?

Findings

1. The requestor filed this medical fee dispute to the Division asking for resolution pursuant to 28 Texas Administrative Code (TAC) §133.307 titled *MDR of Fee Disputes*. The authority of the Division of Workers' Compensation to resolve matters involving employees enrolled in a certified health care network, is limited to the conditions outlined in the applicable portions of the Texas Insurance Code (TIC), Chapter 1305 and limited application of Texas Labor Code statutes and rules, including 28 Texas Administrative Code §133.307.

The insurance carrier asserts in their position summary the following, "The requestor had out of network authorization to treat the claimant."

Chapter 1305.006 outlines the insurance carrier's liability for out-of-network healthcare and states, "An insurance carrier that establishes or contracts with a network is liable for the following out-of-network health care that is provided to an injured employee:

- (1) emergency care;
- (2) health care provided to an injured employee who does not live within the service area of any network established by the insurance carrier or with which the insurance carrier has a contract; and
- (3) health care provided by an out-of-network provider pursuant to a referral from the injured employee's treating doctor that has been approved by the network pursuant to Section 1305.103.

Texas Insurance Code §1305.153 (c) provides "Out-of-network providers who provide care as described by Section 1305.006 shall be reimbursed as provided by the Texas Workers' Compensation Act and applicable rules of the commissioner of workers' compensation."

Review of the documentation submitted finds that the requestor met the exception outlined in Chapter 1305.006 (3). As a result, the disputed services are under the jurisdiction of the Division of Workers' Compensation and therefore, eligible for medical fee dispute resolution. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. The requestor seeks reimbursement for CPT Code 96103 rendered on February 5, 2016 and April 29, 2016. The insurance carrier denied CPT Code 96103 with claim adjustment reason code "CAC-197 — Precertification/authorization/notification absent" and "786 — Denied for lack of preauthorization or preauthorization denial in accordance with the network contract."

The insurance carrier states in pertinent part, "There is a Network preauthorization requirement for psychological testing and subsequent rests [sic] or testing... Further, Rule 134.600 (p) (6) states non-emergency health care requiring preauthorization includes all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program. The documentation does not sustain such exemption."

Per 28 Texas Administrative Code §134.600(p) (1) "(p) Non-emergency health care requiring preauthorization includes... (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program..."

Pursuant to 28 Texas Administrative Code §134.600(p) (7), the Division finds that preauthorization was required for the disputed service. The requestor submitted insufficient documentation to support that the disputed service was preauthorized, as a result, reimbursement cannot be recommended for CPT Code 96103 rendered on February 5, 2016 and April 29, 2016.

3. The requestor seeks reimbursement for CPT Code 99214 rendered on January 7, 2016, February 5, 2016, April 29, 2016 and June 24, 2016. The insurance carrier denied the disputed service with denial reason codes “CAC-150 – Payer deems the information submitted does not support this level of service”, “225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information” and “890 – Denied per AMA CPT Code description for level of service and/or nature of presenting problems.”

Per 28 Texas Administrative Code §134.203 “(b) 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 AMA CPT Code book defines CPT Code 99214 as follows “Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.”

The insurance carrier states, “The documentation of the four E&M episodes show the History is Detailed, the Physical exam is Expanded Problem Focused, and the Medical Decision Making is Straight Forward. Thus the documentation supports the use of code 99213 not 99214.”

Review of the submitted documentation for date of service, January 7, 2016, February 5, 2016, April 29, 2016 and June 24, 2016 finds that the requestor’s documentation was insufficient to support that the level of service was met for each disputed date of service. As a result, the requestor is not entitled to reimbursement for CPT Code 99214 rendered on the above mentioned dates.

4. The Division finds that for the reasons noted above, the requestor is not entitled to reimbursement for the disputed services.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that 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 not entitled to reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 13, 2017
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 prefriere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.