



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

NUEVA VIDA BEHAVIORAL HEALTH

MFDR Tracking Number

M4-18-0748-01

MFDR Date Received

November 17, 2017

Respondent Name

HARTFORD UNDERWRITERS INSURANCE

Carrier's Austin Representative

Box Number 47

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Reason for denial was 'Treatment exceeds the allowed number of visits authorized.'"

Amount in Dispute: \$1,360.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our investigation found the following... treatment exceeds the allowed number of visits authorized by The Hartford."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount In Dispute	Amount Due
December 15, 2016 through May 11, 2017	99213 x 2, 96152 x 4 and 90837 x 6	\$1,360.00	\$1,317.04

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.305 sets out the general guidelines for MDR.
- 28 Texas Administrative Code §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
- 28 Texas Administrative Code §134.203 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - TEXP – Treatment exceeds the allowed number of visits authorized by the Hartford
 - 131 – Claim specific negotiated discount
 - P2 – Not a work-related injury/illness and thus not the liability of the workers' compensation carrier
 - 133 – The disposition of this claim/service is pending further review
 - 269 – This billing is for a service unrelated to the work illness or injury
 - UNRL – Extent of injury not finally adjudicated. Reimbursement withheld – Charge unrelated to compensable injury

Issues

1. Are dates of service, December 15, 2016 and December 20, 2016 eligible for dispute resolution?
2. Did the requestor exceed the allowed number of visits authorized by the Hartford for CPT Code 90837 rendered on January 5, 2017, January 26, 2017, February 9, 2017, February 16, 2017 and February 23, 2017?
3. Is the requestor entitled to reimbursement for CPT Code 96152 rendered on December 22, 2016, March 23, 2017 and March 30, 2017?
4. Is the requestor entitled to reimbursement for CPT Code 99213 rendered on March 23, 2017 and May 11, 2017?
5. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 90837 rendered on December 15, 2016 and CPT Code 96152 rendered on December 20, 2016. The insurance carrier denied/reduced the disputed services with denial reduction codes "P2, 133, 269 and UNRL."

28 Texas Administrative Code §133.305(a)(4) defines a medical fee dispute as a dispute that involves an amount of payment for non-network health care rendered to an injured employee (employee) that has been determined to be medically necessary and appropriate for treatment of that employee’s compensable injury. 28 Texas Administrative Code §133.305(b) requires that “If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and 408.021.”

28 Texas Administrative Code §133.307(e) (3) (H) requires that if the carrier has raised a dispute pertaining to compensability, extent of injury, or liability for the claim, the Division shall notify the parties of the review requirements pursuant to §124.2 of this title and will dismiss the request until those disputes have been resolved by a final decision, inclusive of all appeals. The appropriate dispute process for unresolved issues of compensability, extent and/or liability requires filing for a Benefit Review Conference pursuant to 28 Texas Administrative Code §141.1 prior to requesting medical fee dispute resolution.

The Division finds that the requestor has failed to support that the disputed services are eligible for medical fee dispute resolution pursuant to 28 Texas Administrative Code §133.307. For the reasons stated above, the requestor has failed to establish that the respondent’s denial of payment reasons concerning extent of injury for the injured employee’s workers’ compensation claim have been resolved through the required dispute resolution process as set forth in Texas Labor Code Chapter 410 prior to the submission of a medical fee dispute request for the same services. Therefore, medical fee dispute resolution has no authority to consider and/or order any payment in this medical fee dispute for dates of service December 15, 2016 and December 20, 2016.

2. The requestor seeks reimbursement for CPT Code 90837 rendered on January 5, 2017 through February 23, 2017. The insurance carrier denied/reduced the disputed services with denial reduction codes:
 - TEXP – Treatment exceeds the allowed number of visits authorized by the Hartford
 - 131 – Claim specific negotiated discount

28 Texas Administrative Code §134.600(c) (1) (B) states in pertinent part, “(c) The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care...”

The requestor included a copy of a preauthorization letter dated, January 5, 2017 issued by The Hartford. The preauthorization letter documents the following:

Requested Services	Start Date	End Date	Determination	Determination Date	Authorization #
Individual Psychotherapy 6 sessions over 8 weeks	01/05/2017	03/05/2017	Approval	01/02/2017	2274890

The requestor rendered the following:

Date of Service	CPT Code
01/05/2017	90837
01/26/2017	90837
02/09/2017	90837
02/16/2017	90837
02/23/2017	90837

The requestor billed for 6 individual psychotherapy sessions rendered between the start and end dates indicated above. As a result, the insurance carrier's denial of "TEXP" is not supported. The requestor is therefore entitled to reimbursement for the disputed services.

28 Texas Administrative Code §134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

- Procedure code 90837, rendered on January 5, 2017 has a Work RVU of 3 multiplied by the Work GPCI of 1 is 3. The practice expense RVU of 0.46 multiplied by the PE GPCI of 0.929 is 0.42734. The malpractice RVU of 0.11 multiplied by the malpractice GPCI of 0.809 is 0.08899. The sum is 3.51633 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$202.19. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The lesser amount is \$150.00. Therefore, this amount is recommended.
 - Procedure code 90837, rendered on January 26, 2017, has a Work RVU of 3 multiplied by the Work GPCI of 1 is 3. The practice expense RVU of 0.46 multiplied by the PE GPCI of 0.929 is 0.42734. The malpractice RVU of 0.11 multiplied by the malpractice GPCI of 0.809 is 0.08899. The sum is 3.51633 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$202.19. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The lesser amount is \$155.00. Therefore, this amount is recommended.
 - Procedure code 90837, rendered on February 9, 2017, has a Work RVU of 3 multiplied by the Work GPCI of 1 is 3. The practice expense RVU of 0.46 multiplied by the PE GPCI of 0.929 is 0.42734. The malpractice RVU of 0.11 multiplied by the malpractice GPCI of 0.809 is 0.08899. The sum is 3.51633 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$202.19. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The lesser amount is \$155.00. Therefore, this amount is recommended.
 - Procedure code 90837, rendered on February 16, 2017, has a Work RVU of 3 multiplied by the Work GPCI of 1 is 3. The practice expense RVU of 0.46 multiplied by the PE GPCI of 0.929 is 0.42734. The malpractice RVU of 0.11 multiplied by the malpractice GPCI of 0.809 is 0.08899. The sum is 3.51633 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$202.19. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The lesser amount is \$150.00. Therefore, this amount is recommended.
 - Procedure code 90837, rendered on February 23, 2017, has a Work RVU of 3 multiplied by the Work GPCI of 1 is 3. The practice expense RVU of 0.46 multiplied by the PE GPCI of 0.929 is 0.42734. The malpractice RVU of 0.11 multiplied by the malpractice GPCI of 0.809 is 0.08899. The sum is 3.51633 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$202.19. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The lesser amount is \$150.00. Therefore, this amount is recommended.
3. The requestor seeks reimbursement for CPT Code 96152 rendered on December 22, 2016, March 23, 2017 and March 30, 2017. The insurance carrier denied/reduced the disputed services with denial reduction codes:
- TEXP – Treatment exceeds the allowed number of visits authorized by the Hartford
 - 131 – Claim specific negotiated discount

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."

CPT Code 96152 is defined by the AMA CPT Code book as "Health and behavior intervention, each 15 minutes, face-to-face; individual." Review of the documentation presented with the DWC060 does not support that the disputed services were preauthorized and therefore exceeding the number of authorized visits. As a result, the Division concludes that the insurance carrier's denial reason "TEXP" is not supported for CPT Code 96152 rendered on December 22, 2016, March 23, 2017 and March 30, 2017, as a result, the requestor is entitled to reimbursement for the disputed services.

28 Texas Administrative Code §134.203 states in pertinent part, “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...”

- Procedure code 96152, service date December 22, 2016, has a Work RVU of 0.46 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.46. The practice expense (PE) RVU of 0.08 multiplied by the PE GPCI of 0.92 is 0.0736. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.822 is 0.01644. The sum of 0.55004 is multiplied by the DWC conversion factor of \$56.82 for a MAR of \$31.25 at 3 units is \$93.75. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$90.00. Therefore, this amount is recommended.
 - Procedure code 96152, March 23, 2017, has a Work RVU of 0.46 multiplied by the Work GPCI of 1 is 0.46. The practice expense RVU of 0.08 multiplied by the PE GPCI of 0.929 is 0.07432. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.809 is 0.01618. The sum is 0.5505 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$31.65 at 4 units is \$126.60. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The lesser amount is \$120.00. Therefore, this amount is recommended.
 - Procedure code 96152, March 30, 2017, has a Work RVU of 0.46 multiplied by the Work GPCI of 1 is 0.46. The practice expense RVU of 0.08 multiplied by the PE GPCI of 0.929 is 0.07432. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.809 is 0.01618. The sum is 0.5505 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$31.65 at 4 units is \$126.60. Per Rule §134.203(h), reimbursement is the lesser of the MAR or the provider's charge. The lesser amount is \$120.00. Therefore, this amount is recommended.
4. The requestor seeks reimbursement for CPT Code 99213 rendered on March 23, 2017 and May 11, 2017. The insurance carrier denied/reduced the disputed services with denial reduction codes:
- TEXP – Treatment exceeds the allowed number of visits authorized by the Hartford
 - 131 – Claim specific negotiated discount

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.”

CPT Code 99213 is defined by the AMA CPT Code book as “Established Patient Office or Other Outpatient Services.” Review of the documentation presented with the DWCO60 does not support that the disputed services were preauthorized and therefore exceeding the number of authorized visits. As a result, the Division concludes that the insurance carrier's denial reason “TEXP” is not supported for CPT Code 99213 rendered on March 23, 2017 and May 11, 2017, as a result, the requestor is entitled to reimbursement for the disputed services.

28 Texas Administrative Code §134.203 states in pertinent part, “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...”

- Procedure code 99213, March 23, 2017, has a Work RVU of 0.97 multiplied by the Work GPCI of 1 is 0.97. The practice expense RVU of 1.02 multiplied by the PE GPCI of 0.929 is 0.94758. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.809 is 0.05663. The sum is 1.97421 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$113.52. Therefore, this amount is recommended.
 - Procedure code 99213, May 11, 2017, has a Work RVU of 0.97 multiplied by the Work GPCI of 1 is 0.97. The practice expense RVU of 1.02 multiplied by the PE GPCI of 0.929 is 0.94758. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.809 is 0.05663. The sum is 1.97421 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$113.52. Therefore, this amount is recommended.
5. Review of the submitted documentation finds that the requestor is entitled to a total recommended amount of \$1,317.04. As a result, this amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,317.04.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,317.04 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	April 18, 2019 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, 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.