



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

ELITE HEALTHCARE FORT WORTH

Respondent Name

INDEMNITY INSURANCE CO OF NORTH AMERICA

MFDR Tracking Number

M4-20-0079-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

September 12, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The employees present for the Team Conference in question are employees of Elite Healthcare, not Dr. Michael Adair, D.C. Please re-submit this claim for adjudication."

Amount in Dispute: \$113.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: No response was received by the insurance carrier.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: February 20, 2019, 99361-W1, \$113.00, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code (TLC) §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

- 1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.220, effective July 7, 2016, provides the medical fee guidelines for case management services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- Note: Per rule 134.220 (1)(A) Team members shall not be employees of the treating doctor
- 18 - Duplicate claim/service
- W1 - Case management services
- R1 - Duplicate billing
- 234 - This procedure is not paid separately
- W3 - Appeal /reconsideration

Issues

- 1. Did the insurance carrier respond to the medical fee dispute?
2. Did the requestor submit documentation to support the billing of CPT Code 99361-W1?
3. Is the requestor entitled to reimbursement?

Findings

- 1. The Austin carrier representative for Indemnity Insurance Company of North America is Downs Stanford PC. Downs Stanford PC., acknowledged receipt of the copy of this medical fee dispute on September 19, 2019. 28 TAC §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information

As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under 28 TAC §133.307(d)(1).

- 2. The requestor seeks reimbursement for CPT Code 99361-W1 rendered on February 20, 2019. CPT Code 99361 is defined as “case management services.” The fee guideline for the disputed services is found at 28 TAC §134.220.

28 TAC §134.220(1) (A & B) states, “Case management responsibilities by the treating doctor are 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.”

The submitted “Team Conference” report does not document the purpose and outcome of the conference; it does not specify that the team members are not employees of the treating doctor; and that the conference was not part of an interdisciplinary program. The DWC finds the requestor did not comply with the requirements outlined in 28 TAC §134.220(1).

28 TAC §134.220(2) states, “Case management responsibilities by the treating doctor are as follows: (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.”

The submitted “Team Conference” report does not document a change in the injured employee’s condition or that it was performed for the purpose of coordinating medical treatment and/or returning the injured employee to work. The DWC finds the requestor did not comply with the requirements outlined in 28 TAC §134.220(2).

- 3. The DWC finds that the requestor’s documentation does not meet the requirements for billing a “Team Conference.” As a result, the requestor is not entitled to reimbursement for the service in dispute.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to TLC Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Margaret Q. Ojeda	October 25, 2019
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 TAC §133.307, effective May 31, 2012, 37 Texas Register 3833. 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.