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
Pain and Recovery Clinic of North Houston

Respondent Name
New Hampshire Insurance Co

MFDR Tracking Number
M4-20-0641-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
November 7, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are a CARF accredited facility and should not be subject to the twenty percent fee schedule reduction."

Amount in Dispute: $237.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider is not entitled to additional reimbursement in that amount."

Response Submitted by: Flahive Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 30, 2019	97999 CP, GP	$237.50	$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 §134.204 sets out the reimbursement guidelines for workers compensation specific services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - P12 – Workers compensation jurisdictional fee schedule
   - 193 – Original payment decision is being maintained

Issues

1. Is carrier's reason for reduction of payment supported?

Findings

1. The requestor is seeking additional reimbursement of chronic pain management based on CARF accreditation.

   28 TAC 134.204 (5) (A) states in pertinent part the bill for 97799 will indicate modifier "CP" for each hour, the number of hours shall be indicated in the units column on the bill and CARF accredited Programs shall add "CA" as a second modifier.

   Review of the submitted medical bill found only the modifiers CP and GP.

   Insufficient evidence was found the provider included the appropriate modifier to meet the billing instructions of Rule 134.204 shown above.

   No additional reimbursement is recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has not established payment is due. As a result, the amount ordered is $0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	January 10, 2020 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to 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.