



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 NORTH DALLAS, INC

Respondent Name

XL SPECIALTY INSURANCE CO

MFDR Tracking Number

M4-20-1466-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

FEBRUARY 11, 2020

REQUESTOR'S POSITION SUMMARY

"The attached date of service was denied due to 'procedure code was invalid on the date of service'. This is incorrect. CPT 99361 was billed with a W1 modifier since the treating doctor was involved. Team conferences are an essential part of a patient's clinical treatment.."

Amount in Dispute: \$113.00

RESPONDENT'S POSITION SUMMARY

"The provider's position appears to be based on Division rule 134.202(e)(3). However, that rule was repealed effective July 7, 2016."

Response Submitted By: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 4, 2019	Case Management Services CPT Code 99361-W1	\$113.00	\$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 (DWC).

Background

- 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
- 28 TAC §134.220, effective July 7, 2016, provides the medical fee guidelines for case management services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 5569-The CPT/HCPCS code billed is invalid or has been deleted per the state's workers compensation fee schedule. Please resubmit a valid CPT/HCPCS code.
 - 5815-Non-covered charges.

- 6766-Specialty bill audit/expert code review involving the application of code auditing rules and edits based on coding conventions defined in the American Medical Association’s current procedural terminology (CPT) manual, and coding guidelines developed by National societies and prevailing industry standards and coding practices.
- W3-Additional payment made on appeal/reconsideration.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 285-Please refer to the note above for a detailed explanation of the reduction. 285 NOTE: CPT code 99361 is no longer a valid CPT code per the American Medical Association CPT professional codebook. Please resubmit with appropriate current code.
- P12-Workers compensation jurisdictional fee schedule adjustment.
- 1014-The attached billing has been re-evaluated at the request of the provider. Based on the re-evaluation, we find our original review to be correct, therefore, no additional allowance appears to be warranted.
- 4783-The procedure code billed by the provider has been deleted from the CPT and is no longer considered a valid CPT code.

Issues

Is the requestor entitled to reimbursement for case management services rendered on April 4, 2019?

Findings

1. Elite Healthcare North Dallas (requestor) is seeking medical dispute resolution in the amount of \$113.00 for case management services, CPT code 99361-W1, rendered April 4, 2019.
2. XL Specialty Insurance Co (respondent) denied reimbursement for the case management services based upon the CPT code being invalid on the date of service.
3. The fee guidelines for disputed services is found at 28 Texas Administrative Code §134.220.
4. 28 TAC §134.220(4)(A)(i) states, “Case management services require the treating doctor to submit documentation that identifies any health care provider that contributes to the case management activity. Case management services shall be billed and reimbursed as follows:
 - (A) CPT code 99361. (i) Reimbursement to the treating doctor shall be \$113. Modifier "W1" shall be added.”

The DWC finds the respondent’s denial based upon billing with invalid code is not supported.

5. The respondent also denied reimbursement per the fee guideline. 28 TAC §134.220(1) 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 include the treating doctor signature or that he/she coordinated the case management. The 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).

5. 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).

6. Based upon the above findings the DWC finds the requestor did not support billing CPT code 99361-W1 per 28 TAC §134.220(1) and (2).

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 Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

03/10/2020

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 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 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.