



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ELITE HEALTHCARE NORTH DALLAS

Respondent Name

FEDERAL INSURANCE CO

MFDR Tracking Number

M4-20-1718-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

MARCH 11, 2020

REQUESTOR'S POSITION SUMMARY

"The attached date of service was not paid in full. This date of service was denied based on 'charge is not paid separately'. This is INCORRECT. Please see attached medical documentation supporting the exclusivity and necessity of CPT 99361-W1 and reprocess for payment in full."

Disputed Amount: \$704.31

RESPONDENT'S POSITION SUMMARY

"CorVel asserts the requestor Elite Healthcare North Dallas is entitled to \$0.00 reimbursement for medical conference services in dispute based on the requestor's failure to request medical fee dispute resolution no later than one year after the date of service in dispute...The requestor billed CPT code 99361-W1; however, the documentation does not support that the treating doctor participated in the case management service. Review of the submitted TEAM CONFERENCE report finds that the requestor listed the Elite Health Care participants in the conference; however, the record does not document that it was, triggered by a documented change in the condition of the injured employee or the purpose of coordination of medical treatment and/or return to work for the injured employee."

Response Submitted By: CorVel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 26, 2018 November 30, 2018 January 22, 2019 February 22, 2019	CPT Code 99361-W1	\$113.00	Not eligible for MFDR
March 6, 2019	CPT Code 99213	\$124.31	
	CPT Code 99080.00	\$15.00	
July 23, 2019	CPT Code 99361-W1	\$113.00	\$0.00

TOTAL		\$704.31	\$0.00
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AUTHORITY

This medical fee dispute is dismissed pursuant to 28 Texas Administrative Code §133.307(f)(3)(C).

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 services in dispute were reduced / denied payment by the respondent with the following claim adjustment reason codes:
 - 29-Time limit for filing claim/bill has expired.
 - W2-Time limit for filing claim has expired.
 - 73-Work status report

Issue

1. Are dates of service October 26, 2018 through March 6, 2019 eligible for Medical Fee Dispute Resolution (MFDR) in accordance with 28 TAC §133.307?
2. Is the requestor entitled to reimbursement for case management services rendered on July 23, 2019?

Findings

1. Elite Healthcare North Dallas (requestor) is seeking medical dispute resolution for case management services, CPT code 99361-W1 and evaluation and management services, CPT code 99213 and 99080, rendered from October 26, 2018 through July 23, 2019.

The respondent contends reimbursement is not due “based on the requestor’s failure to request medical fee dispute resolution no later than one year after the date of service in dispute.”

28 TAC §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the DWC's MFDR Section or waive the right to MFDR. The DWC shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

The DWC reviewed the submitted documentation and finds:

- The request for medical dispute resolution was received in MFDR on March 11, 2020.
 - The disputed dates of service are October 26, 2018 through July 23, 2019.
 - The disputed services do not involve issues identified in §133.307(c)(1)(B).
 - Dates of service October 26, 2018 through March 6, 2019, are past the one year deadline.
 - Because the requestor did not file this dispute with MFDR within the one year deadline, October 26, 2018 through March 6, 2019, are not eligible for MFDR.
2. The requestor is seeking MFDR for case management services, CPT code 99361-W1, rendered on July 23, 2019.

The respondent wrote “the documentation does not support that the treating doctor participated in the case management service. Review of the submitted TEAM CONFERENCE report finds that the requestor listed the Elite Health Care participants in the conference; however, the record does not document that it was, triggered by a documented change in the condition of the injured employee or the purpose of coordination of medical treatment and/or return to work for the injured employee.”

The fee guidelines for disputed services is found at 28 TAC §134.220.

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).

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).

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 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

04/03/2020

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 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 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 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 DWC. **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.