



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

Respondent Name

OLD REPUBLIC INSURANCE CO

MFDR Tracking Number

M4-21-1436-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

APRIL 14, 2021

REQUESTOR'S POSITION SUMMARY

"Team conferences are an essential part of a patient's clinical treatment."

Amount in Dispute: \$113.00

RESPONDENT'S POSITION SUMMARY

"We will provide a supplemental response once the bill auditing company has finalized their review."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 3, 2020	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 §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §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:
 - P6-Based on entitlement to benefits.
 - B13-Previously paid. Payment for this claim/service may have been provided in a previous payment.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

Is the requestor entitled to reimbursement for case management services rendered on November 3, 2020?

Findings

1. The requestor is seeking medical dispute resolution in the amount of \$113.00 for case management services, CPT code 99361-W1, rendered on November 3, 2020.

2. The respondent denied reimbursement for CPT code 99361-W1 based upon "P6-Based on entitlement to benefits".

28 TAC §133.307(d)(2)(H) requires the respondent to submit documentation "If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier must attach any related Plain Language Notice in accordance with §124.2 of this title (concerning Insurance Carrier Reporting and Notification Requirements)."

The respondent did not submit any Plain Language Notice in accordance with §124.2 in accordance with 28 TAC §133.307(d)(2)(H) to support denial based upon "P6". The DWC finds the respondent did not support the "P6" denial.

3. The fee guidelines for disputed services is found at 28 Texas Administrative Code §134.220.

4. 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 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).

6. 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 coordination 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).

7. 28 TAC §134.220(4) states, "Case management responsibilities by the treating doctor are as follows:

(4) 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 requestor billed \$113.00 for CPT code 99361-W1 in accordance with 28 TAC §134.220(4).

8. Based upon the above findings the DWC finds the respondent's denial of payment for CPT code 99361-W1 is supported because the "Team Conference" report does not meet documentation requirements found in 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

		06/16/2021
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 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.