

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PRIDE

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-21-2385-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 20, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 21, 2021 Through May 7, 2021	Chronic Pain Management Program CPT Code 97799-CP-CA-GP-GO (48 hours)	\$7,680.00	\$6,000.00
Total		\$7,680.00	\$6,000.00

Requestor's Position

"The carrier Gallagher Bassett recommended payment for all the above referenced dates of service for payment, but will not release the actual payment amounts...It is our position that the charges are reasonable and well within the usual and customary charge for this type of procedure."

Amount in Dispute: \$7,680.00

Respondent's Position

"The carrier contends that the Comprehensive Occupational Rehabilitation Program should have been billed as work-hardening and not billed as chronic pain program...The Respondent shows MDR that the claimant was never referred to receive chronic pain services and has never been diagnosed with chronic pain. The therapy the Requester provided was merely work hardening...The Respondent further shows MDR that the Requester has failed to properly

calculate the units and has disregarded Rule 134.203(3)(A).”

Response Submitted by: Stephen J. Backhaus

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.230 sets out the fee guideline for return to work rehabilitation programs.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- P12-Workers’ compensation jurisdictional fee schedule adjustment.
- 309-The charge for this procedure exceeds the fee schedule allowance.
- 193, 90563-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Did Zurich American Insurance Company’s raise new issues in the position summary reviewable?
2. Is Zurich American Insurance Company’s denial based on the fee guideline supported?
3. Is PRIDE entitled to reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$7,680.00 for chronic pain management program rendered from April 21, 2021 through May 7, 2021.

The respondent wrote in the position summary, “The carrier contends that the Comprehensive Occupational Rehabilitation Program should have been billed as work-hardening and not billed as chronic pain program...The Respondent shows MDR that the claimant was never referred to receive chronic pain services and has never been diagnosed with chronic pain. The therapy the Requester provided was merely work hardening...The Respondent further shows MDR that the Requester has failed to properly calculate the units and has disregarded Rule 134.203(3)(A).”

28 TAC §133.307(d)(2)(F) states in part, "The responses shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review."

A review of the submitted explanation of benefits finds the respondent did not raise the issue that the disputed services did not support a chronic pain management program, that they were billed incorrectly, and that the claimant was not referred to provider for chronic pain management program. The DWC finds the respondent did not raise these issues prior to MFDR; therefore, they will not be considered any further in the review.

2. The respondent denied reimbursement for the disputed chronic pain management program based upon the fee guideline.

The requestor wrote, "The carrier Gallagher Bassett recommended payment for all the above referenced dates of service for payment, but will not release the actual payment amounts." The submitted explanation of benefits support this position.

The requestor submitted a copy of a preauthorization report from Medinsights dated April 29, 2021, to the treating physician, Rory Allen, DO, authorizing 80 hours of Functional Restoration Program code 97799.

The fee guideline for chronic pain management services is found in 28 TAC §134.230.

28 TAC §134.230(1)(A) states "Accreditation by the CARF is recommended, but not required. (A) If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the maximum allowable reimbursement (MAR). (B) If the program is not CARF accredited, the only modifier required is the appropriate program modifier. The hourly reimbursement for a non-CARF accredited program shall be 80 percent of the MAR."

28 TAC §134.230(5) states, "The following shall be applied for billing and reimbursement of Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs. (A) Program shall be billed and reimbursed using CPT code 97799 with modifier "CP" for each hour. The number of hours shall be indicated in the units column on the bill. CARF accredited programs shall add "CA" as a second modifier. (B) Reimbursement shall be \$125 per hour. Units of less than one hour shall be prorated in 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to eight minutes and less than 23 minutes."

The requestor billed 97799-CP-CA-GP-GO for the disputed program; therefore, the respondent's denial is not supported and reimbursement per the fee guideline is due.

3. The requestor billed for a total of 48 hours on the disputed dates of service; therefore, 100% of \$125.00 = \$125.00 X 48 hours = \$6,000.00. The respondent paid \$00.00. The requestor is due the difference of \$6,000.00

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$6,000.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Zurich American Insurance Co. must remit to PRIDE \$6,000.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

09/21/2021

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.