



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

SOUTH TEXAS CHRONIC PAIN INSTITUTE

**Respondent Name**

NEW HAMPSHIRE INSURANCE COMPANY

**MFDR Tracking Number**

M4-22-0962-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

January 24, 2022

### Summary of Findings

| Dates of Service                        | Disputed Services | Amount in Dispute | Amount Due |
|---|-------------------|-------------------|------------|
| September 14, 2021 and October 20, 2021 | 90837 x 2         | \$330.00          | \$330.00   |
| <b>Total</b>                            |                   | \$330.00          | \$330.00   |

### Requestor's Position

"The services were pre-authorized. The diagnoses listed on the claim form are compensable and this claim should be paid immediately."

**Amount in Dispute:** \$330.00

### Respondent's Position

"The DWC-60 provides that the amount in dispute is \$330.00 for CPT code 90837. Gallagher Bassett Services, Inc. is re-processing the bills for payment for this procedure under this date of service and will make a determination of payment once completed. Please feel free to contact the undersigned attorney if you have any questions."

**Response Submitted by:** Ricky D. Green, PLLC

## 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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §134.600, effective November 1, 2018, requires preauthorization for specific treatments and services.

### Denial Reasons

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

- 5721 – To avoid duplicate bill denial, for all reconsiderations/adjustments/additional payment requests submit a copy of this EOR or clear notation
- 90147 & 109 – Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
- ZK10 – Resolution manager denial.
- 219 – Based on extent of injury.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.

### Issues

1. Are the Insurance Carrier's denial reasons supported?
2. Did the Requestor obtain preauthorization for the services in dispute?
3. Is the Requestor entitled to reimbursement?

### Findings

1. The requestor seeks reimbursement for CPT Code 90837 rendered on September 14, 2021 and October 20, 2021. The respondent denied reimbursement for CPT code 90837 based upon the denial reasons indicated above.

The insurance carrier in their position summary states, "Gallagher Bassett Services, Inc. is re-processing the bills for payment for this procedure under this date of service and will make a determination of payment once completed."

The DWC finds that the insurance carrier is no longer pursuing the extent of injury denial reasons. In addition, per 28 TAC §133.307 if the medical fee dispute involves compensability, extent of injury or liability, the insurance carrier shall attach a copy of a Plain Language Notice (PLN) along with the DWC response. This documentation was not contained in the dispute response. As a result, the insurance carrier's denial reasons "90147 & 109 and 219" are not supported, and the DWC will review the services in dispute, in accordance with the applicable rules and guidelines.

The requestor, in support of their position, submitted a copy of a preauthorization letter issued by, MedInsight, dated August 10, 2021, that authorized six sessions of Individual Psychotherapy (90837), once a week for 6 weeks, with a start date of August 10, 2021 and an end date of February 10, 2022. The services in dispute are dated September 14, 2021 and October 20, 2021. The DWC, therefore finds that the services in dispute, were rendered within the preauthorized timeframes, and therefore, the requestor is entitled to reimbursement pursuant to 28 TAC §134.203.

2. 28 TAC §134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The 2021 DWC Conversion Factor is 61.17
  - The 2021 Medicare Conversion Factor is 34.8931
  - Per the medical bills, the services were rendered in McAllen, TX; therefore, the Medicare locality is "Rest of Texas."
  - The Medicare Participating amount for CPT code 90837 at this locality is \$149.14.
  - Using the above formula, the DWC finds the MAR is \$261.45.
  - The Respondent paid \$0.00.
  - The Requestor seeks, \$165.00, applicable 28 TAC 134.203(h) states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount, as a result the reimbursement of \$165.00 for date of service September 14, 2021 and October 20, 2021 for a total recommended amount of \$330.00.
3. The DWC finds, that the Requestor, is therefore entitled to reimbursement in the amount of \$330.00. Therefore, this amount is recommended.

### 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.

The DWC finds the requester has established that reimbursement of \$330.00 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 the Respondent must remit to the Requestor \$330.00 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

April 27, 2022  
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).