



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Dr. Michael Lopez

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-22-0988-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

January 25, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 3, 2021	CPT Code 99361-W1	\$113.00	\$0.00
Total		\$113.00	\$0.00

Requestor's Position

"These bills were previously submitted in a timely manner. Please review the attached documentation and pay according to the TDI guidelines."

Amount in Dispute: \$113.00

Respondent's Position

"The requestor billed CPT code 99361-W1; however, the documentation does not support that the treating doctor participated in the case management service...the requestor listed the Peak Integrated Healthcare 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

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 §134.220 provides the medical fee guidelines for case management services.

Denial Reasons

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

- 234-This procedure is not paid separately.
- W1-Case management services.
- W3-Appeal/reconsideration.

Issues

1. Is Indemnity Insurance Co. of North America's denial based on reason code "234" supported?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$113.00 for CPT code 99361-W1 rendered on September 3, 2021.

According to the explanation of benefits, the carrier denied payment for the disputed service based upon "234-This procedure is not paid separately."

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

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 not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

02/11/2022

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. 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.