



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PRC Health Services LLC

Respondent Name

State Farm Fire & Casualty Co.

MFDR Tracking Number

M4-22-1319-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

March 2, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 21, 2021 through October 19, 2021	CPT Code 97799-CP-GP (6.5 hours per day for 4 dates)	\$700.00	\$700.00
Total		\$700.00	\$700.00

Requestor's Position

"We feel that our facility should be paid according to the correct workers compensation fee schedule guidelines."

Amount in Dispute: \$700.00

Respondent's Position

"Each of the bills submitted ...were reduced based on a state fee schedule adjustment."

Response Submitted by: Smith & Carr, PC

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 §134.230 sets out the reimbursement guidelines for return to work rehabilitation programs.

Denial Reasons

The insurance carrier reduced 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.
- 247-A payment or denial has already been recommended for this service.
- 18-Exact duplicate claim/service.

Issues

1. Is PRC Health Services LLC entitled to additional reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$700.00 for chronic pain management program rendered from September 21, 2021 through October 19, 2021.

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

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-GP; therefore, the disputed program is non-CARF accredited and reimbursement shall be 80% of the MAR.

The requestor billed for a total of 26 hours on the disputed dates of service; therefore, 80% of \$125.00 = \$100.00 X 26 hours = \$2,600.00. The respondent paid \$1,900.00. The requestor is due the difference of \$700.00

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 \$700.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that State Farm Fire & Casualty Co. must remit to PRC Health Services LLC \$700.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	03/23/2022
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 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.