TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Chronic Pain Recovery Center

Respondent Name
Starr Indemnity & Liability Co.

MFDR Tracking Number
M4-22-1437-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
March 15, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 21, 2021 October 22, 2021	CPT Code 97799-CP-GP (15 hours)	$1,000.00	$1,000.00
		$875.00	$875.00
	Total	$1,875.00	$1,875.00

Requestor's Position

"The services in dispute were pre-authorized, copy attached. The first 3 days billed on this claim were paid. A 25-page appeal was sent with no resolve."

Amount in Dispute: $1,875.00

Respondent's Position

"ESIS Med Bill Impact's Bill Review Department reviewed the above mentioned date of service and found that the provider was not due additional money."

Supplemental Response dated March 30, 2022: "Upon receipt of the MDR request, the bill as sent for reconsideration. The review determined that the provider is not due additional money."

Responses Submitted by: ESIS

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

- P12-Workers' compensation jurisdictional fee schedule adjustment.
- Previous gross recommended payment amount on line.
- 16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- Please submit a copy of the report and the bill for our review
- 148-This procedure on this date was previously reviewed.
- 18-Exact duplicate claim/service.

Issues

1. Is Chronic Pain Recovery Center entitled to reimbursement for chronic pain management program?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of $1,875.00 for chronic pain management program rendered from October 21, 2021 through October 22, 2021.

   The respondent reduced reimbursement for the disputed chronic pain management program based upon reason code "16".

   The requestor submitted chronic pain management reports to support billed service; therefore, the respondent's denial based upon reason code "16" was not supported.

   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; therefore, the disputed program is CARF accredited and reimbursement shall be 100% of the MAR.

The requestor billed for a total of 15 hours on the disputed dates of service; therefore, $125.00 X 15 hours = $1,875.00. The respondent paid $00.00. The requestor is due the difference of $1,875.00.

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 $1,875.00 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 Starr Indemnity & Liability Co must remit to Chronic Pain Recovery Center $1,875.00 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	04/11/2022 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 electronico CompConnection@tdi.texas.gov.