



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-22-1622-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 1, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 19, 2021	99361	\$113.00	\$0.00
Total		\$113.00	\$0.00

Requestor's Position

"...please see attached documentation showing billing and reimbursement are accordingly to Rule 134.204. Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care."

Amount in Dispute: \$113.00

Respondent's Position

"The requestor billed CPT code 99361 – W1; however, the documentation does not support that he treating doctor participated in the case management service. Review of the submitted TEAM CONFERENCE report does not document the purpose and outcome of the conference with those that participated in the conference and telephone calls. The requestor has provided minimal information to substantiate its claim that there has been a documented change in the injured employee's condition, return to work status, or requirement for coordination of care due to

catastrophic or multiple injuries requiring multiple specialties.”

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.220 sets out the reimbursement requirements of 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
- W3 – Appeal/reconsideration

Issues

1. Is the insurance carrier’s denial based on not separately payable supported?

Findings

1. The requestor is seeking reimbursement of case management services rendered in November 2021. The insurance carrier denied the charge as not separately payable.

DWC Rule §134.220 (2) states in pertinent part team conference and telephone calls should be triggered by a documented change in the condition of the injured employee.

Review of the submitted document, “Team Conference” found insufficient information to support any change in the condition prompting the need of a team conference.

The insurance carrier’s denial is supported. No payment 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.

DWC finds the requester has not established that additional reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 19, 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.