



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

ACCIDENT FUND INSURANCE COMPANY

MFDR Tracking Number

M4-22-1764-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

April 18, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 15, 2021 and July 22, 2021	99213 and 99361	\$276.14	\$113.00
Total		\$276.14	\$113.00

Requestor's Position

"Team conferences are an essential part of a patient's clinical treatment. Per TDI requirements the function of case management in the Texas workers' compensation system is to effectively coordinate care and to facilitate the injured worker's timely and productive return to work. A 99361-WI should be reimbursed at the allowed amount of 113 per TDI's Medical Fee Guideline. I have attached proof of this in the documents."

Amount in Dispute: \$276.14

Respondent's Position

"The bill will be paid for DOS 07/15/2021 \$163.14 and DOS 07/22/2021 \$113.00 to Peak Integrated Healthcare."

Response Submitted by: United Heartland

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 (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.

Denial Reasons

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

- 119 – Benefit maximum for this time period or occurrence has been reached.
- 5090 – Service after maximum medical improvement date are not covered.
- 5144 – Upheld no additional allowance has been recommended.

Issues

1. Did the insurance carrier issue payment for CPT Codes 99213 and 99361?
2. What rules apply to CPT Code 99361?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 99213 and 99361 rendered on July 15, 2021 and July 22, 2021. The insurance carrier indicates that a payment was issued for both, CPT Codes 99213 and 99361. The requestor confirmed receipt of payment for CPT Code 99213, however indicates that a payment has not been received for CPT Code 99361. As a result, the requestor continues to seek dispute resolution for CPT Code 99361. The DWC will review CPT Code 99361 and determine if the requestor is entitled to reimbursement.

2. The guidelines for disputed service, 99361 is found at 28 TAC §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."

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."

Review of the submitted "Team Conference" report finds that the requestor documented and billed a team conference. The DWC finds the requestor complied with the requirements outlined in 28 TAC §134.220(1), as a result, reimbursement is recommended.

3. The fee guidelines for disputed services, 99361 is found at 28 TAC §134.220. 28 TAC §134.220(4)(A)(i) states, "Case management services require the treating doctor to submit documentation that identifies any health care provider that contributes to the case management activity. Case management services shall be billed and reimbursed as follows: (A) CPT code 99361. (i) Reimbursement to the treating doctor shall be \$113. Modifier "W1" shall be added." The requestor billed for CPT Code 99362-W1, as a result, reimbursement in the amount of \$113.00 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 \$113.00 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 \$113.00 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

August 17, 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).