Division of Workers' Compensation

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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Citizens Insurance Co. of North America

MFDR Tracking Number
M4-23-0819-01

Carrier's Austin Representative
Box Number 1

DWC Date Received
December 8, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
03/08/2022	97110-GP	$330.42	$0.00
03/08/2022	97112-GP	$15.72	$0.00
03/08/2022	99361-W1	$113.00	$0.00
	Total	$459.14	$0.00

Requestor's Position

The following is from the request for reconsideration: "The above date of service were denied FULL payment stating 'EXCEEDS AMOUNT INDICATED IN FEE SCHEDULE' Then upon reconsideration on 09/29/2022 all other dates of service 3/2, 3/3, 3/9, 3/15, 3/16/2022 were paid in full, EXCEPT FOR THIS 03/08/2022 DATE OF SERVICE. This is incorrect, and this date of service should also be paid in full we did not exceed pre authorized approval and a team conference was also included and should be paid in full. CPT CODE -99361-WI should be reimbursed at the allowed amount of $113 per TDI's Medical Fee Guideline. Team conferences are an essential part of a patient's clinical treatment… I have attached the authorization for these dates of service. We requested authorization for CPTcodes 97110 AND 97112 before scheduling treatment. The units are for 6 units of 97110 and 2 units for 97112. Please note you approved these 6 sessions of physical therapy…"

Amount in Dispute: $459.14

Respondent's Position

The Austin carrier representative for Citizens Insurance Co. of North America is JT Parker & Associates, LLC. The representative was notified of this medical fee dispute on December 12, 2022. Per 28 Texas Administrative Code §133.307 (d)(1), if the Division of Workers' Compensation (DWC) does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response submitted by: N/A

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.
3. 28 TAC §134.600 sets out preauthorization requirements for professional medical services.
4. 28 TAC §134.220 sets out the fee guidelines for case management services.

Denial Reasons

Per explanation of benefits (EOB) submitted, the insurance carrier denied payment for 6 units of disputed service CPT code 97110-GP with the following claim adjustment codes:

- M2 (P12) – The usual treatment session provided in the home or office setting is 30 to 45 minutes. The medical necessity of services for an unusual length of time must be documented.
- 01 (P12) – The charge for the procedure exceeds the amount indicated in the fee schedule.
- 60 (B13) – The provider has billed for the exact services on a previous bill.
- Reconsideration EOB Note KKPA – Service exceeds pre-authorized approval. Please provide documentation and/or additional authorization for the service not included in the original documentation.

Per EOB submitted, the insurance carrier reduced payment for 2 units of disputed service CPT code 97112-GP with the following claim adjustment codes:

- 01 (P12) – The charge for the procedure exceeds the amount indicated in the fee schedule.
- 60 (B13) – The provider has billed for the exact services on a previous bill.
- Reconsideration EOB Note: KKPA – Service exceeds pre-authorized approval. Please provide documentation and/or additional authorization for the service not included in

the original documentation.

Per EOB submitted, the insurance carrier denied payment for disputed service CPT code 99361-W1 with the following claim adjustment codes:

- 0X (P12) – Payment for the case management services requires documentation that the services have been rendered in accordance with *134.202 (e) (3).
  *note that the division believes this rule reference to be a typo as it does not exist in 28 TAC Rules.
- 60 (B13) – The provider has billed for the exact services on a previous bill.
- Reconsideration EOB Note: KKPA – Service exceeds pre-authorized approval. Please provide documentation and/or additional authorization for the service not included in the original documentation.

Issues

1. Is Requestor entitled to reimbursement for 6 units of disputed CPT code 97110-GP?

2. Is Requestor entitled to additional reimbursement for 2 units of disputed CPT code 97112-GP?

3. Is Requestor entitled to reimbursement for disputed CPT code 99361-W1?

Findings

1. The requester, Peak Integrated Healthcare, is seeking reimbursement in the amount of $330.42 for CPT code 97110-GP rendered on March 8, 2022. Per reconsideration EOB, the denial reasons included lack of preauthorization for the service in dispute.

CPT Code 97110 is described as "Therapy procedure using exercise to develop strength, endurance, range of motion and flexibility, each 15 minutes."

In accordance with 28 TAC §134.600(p)(5) which states in pertinent part "Non-emergency health care requiring preauthorization includes: … physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to: … (ii) Therapeutic procedures, excluding work hardening and work conditioning;…", the division finds that reimbursement for the disputed CPT code 97110-GP requires a preauthorization.

The requester stated in it's reconsideration request that preauthorization for CPT code 97110-GP service had been obtained. The division finds that submitted documentation did not include evidence of preauthorization for the disputed service. Furthermore, the division notes that the medical bill submitted did not include a preauthorization number.

The division finds that the requester is not entitled to reimbursement of disputed CPT code 97110-GP rendered on March 8, 2022.

2. The requester, Peak Integrated Healthcare, is seeking additional reimbursement in the amount of $15.72 for CPT code 97112-GP rendered on March 8, 2022. Per reconsideration EOB, the denial reasons included lack of preauthorization for the service in dispute.

CPT code 97112 is described as "Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities."

In accordance with 28 TAC §134.600(p)(5), as quoted above in finding number 1, the division finds that reimbursement for the disputed CPT code 97112-GP requires a preauthorization.

The requester stated in it's reconsideration request that preauthorization for the disputed service had been obtained. The division finds that submitted documentation did not include evidence of preauthorization for the disputed service. Furthermore, the division notes that the medical bill submitted did not include a preauthorization number.

The division finds that the requester is not entitled to reimbursement of disputed CPT code 97112-GP rendered on March 8, 2022.

3. The requester, Peak Integrated Healthcare, is seeking reimbursement in the amount of $113.00 for CPT code 99361-W1, case management services, rendered on March 8, 2022. Per EOB submitted, the denial reasons included documentation not in compliance with TAC reimbursement guidelines for case management services.

28 TAC §134.220 sets out reimbursement guidelines for case management services, states in pertinent part "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. (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… 4) Case management services require the treating doctor to submit documentation that identifies any health care provider that contributes to the case management activity… "

The submitted "Team Conference" report does not include the treating doctor signature or that he/she coordinated the case management; it does not specify that the team members are not employees of the treating doctor; the report does not document a change in the injured employee's condition triggering the need for a team conference.

The division finds the requester did not comply with the requirements outlined in 28 TAC §134.220, therefore the requester is not entitled to reimbursement for CPT code 99361-W1 rendered on March 8, 2022.

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 division finds the requester has not established that reimbursement is due for the disputed services contained in this MFDR request.

Order

Under Texas Labor Code §§413.031 and 413.019, the division has determined the requestor is entitled to $0.00 additional reimbursement for the disputed services.

Authorized Signature

______________________	______________________	May 12, 2023
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 electronico CompConnection@tdi.texas.gov.