



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

PRIDE

**Respondent Name**

CITY OF PLANO

**MFDR Tracking Number**

M4-23-1576-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

March 6, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 8, 2022 through August 24, 2022	97799-CP-CA-GP-GO, 99213 and 99080-73	\$8,595.30	\$8,557.22
<b>Total</b>		\$8,595.30	\$8,557.22

### Requestor's Position

"The above date of service was denied in error. The claim was reduced to \$0 per hour with the rational code of fair and reasonable. The current procedural terminology code 97799-CP-CA is an unlisted physical medicine/rehabilitation service and/or procedure. The modifier CP is for chronic pain management and the CA modifier is for CARF accredited programs. The commission agrees with the commenter's support of the reimbursement rate for interdisciplinary pain management programs in the amount of \$125.00 per hour is the maximum allowed reimbursement for this procedure code."

**Amount in Dispute:** \$8,595.30

### Respondent's Position

The Austin carrier representative for City of Plano is Downs Stanford, P.C. Downs Stanford, P.C., was notified of this medical fee dispute on March 14, 2023. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 §134.230](#) sets out the Return-to-Work Rehabilitation Programs.
3. [28 TAC §134.203](#) sets out the Medical Fee Guideline for Professional Services.
4. [28 TAC §134.600](#) sets out the Preauthorization, Concurrent Utilization Review, and Voluntary Certification of Health Care.

### Denial Reasons

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

- 50 – These are noncovered services because this is not deemed a medical necessity by the payer.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 16 – Claims lacks information or has submission billing error(s).

### Issues

1. Is the Insurance Carrier's denial reason supported?
2. Is the requestor entitled to reimbursement for the CARF accredited chronic pain management services?
3. Is the requestor entitled to reimbursement for CPT Code 99213?
4. Is the requestor entitled to reimbursement for CPT Code 99080-73?

### Findings

1. The requestor seeks reimbursement for CARF accredited chronic pain management services, billed under CPT code 97799-CP-CA rendered on June 8, 2022 through June 28, 2022.

The insurance carrier denied the disputed services with denial reduction code "50-These are noncovered services because this is not deemed a medical necessity by the payer."

28 TAC §134.600 (p) states, "non-emergency health care requiring preauthorization includes: (10) chronic pain management/interdisciplinary pain rehabilitation..."

The requestor submitted several copies of a utilization review decision issued by Genex. The following table outlines the preauthorization denials.

Date	Issuer	Outcome	Review #
April 27, 2022	Genex	Non-Certified	5637189
June 3, 2022	Genex	Non-Certified	5662102

The requestor submitted a copy of an e-mail correspondence from Elsa Gonzales-Diaz, Sr. Claims Analyst with Plano Risk Management Division, Human Resources Department, dated June 6, 2022. The email correspondence states, "After further review, the City of Plano is over-riding the denial for [injured employee's] functional restoration program. Please get him scheduled. I have copied Genex and the adjuster to make a note in their file."

28 TAC §134.600 (c) (1) (B) states in pertinent part, "(c) The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..."

The DWC finds that the insurance carrier's denial reason is not supported, as a result, reimbursement is recommended for dates of service June 8, 2022 through Jun 28, 2022.

2. 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)..."

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 unit's 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-GP; therefore, the disputed program is CARF accredited, and reimbursement shall be 100% of the MAR.

Review of the submitted documentation finds that the requestor billed CPT Code 97799-CP and appended modifier – CA to identify that the chronic pain management program is CARF accredited, as a result, reimbursement is calculated per 28 TAC §134.230(1)(A) and 28 TAC §134.230(5)(A)-(B).

DOS	CPT Code	# Units	Amount in Dispute	IC Paid	MAR \$125/hour	Amount Due
6/8/22	97799-CP-CA	6	\$750.00	\$0.00	\$750.00	\$750.00
6/10/22	97799-CP-CA	5	\$625.00	\$0.00	\$625.00	\$625.00
6/15/22	97799-CP-CA	8	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00
6/16/22	97799-CP-CA	8	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00
6/20/22	97799-CP-CA	8	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00
6/22/22	97799-CP-CA	8	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00
6/24/22	97799-CP-CA	8	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00

6/27/22	97799-CP-CA	8	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00
6/28/22	97799-CP-CA	8	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00
TOTALS			\$8,375.00	\$0.00	\$8,375.00	\$8,375.00

3. The requestor seeks reimbursement for CPT Code 99213 rendered on August 24, 2022. 28 TAC §134.203 sets out the fee guidelines for office visits.

28 TAC §134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83... (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the services were rendered in zip code 75235; therefore, the Medicare locality is "Dallas."
- The Medicare Participating amount for CPT code 99213 at this locality is \$92.65.
- Using the above formula, the DWC finds the MAR is \$167.22.
- The respondent paid \$0.00.

The requestor is entitled to reimbursement in the amount of \$167.22.

4. The requestor seeks reimbursement for CPT Code 99080-73 rendered on August 24, 2022.

28 TAC §134.239 states, "When billing for a work status report that is not conducted as a part of the examinations outlined in §134.240 and §134.250 of this title, refer to §129.5 of this title."

28 TAC §129.5(i)(1) states "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15. A doctor shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section."

28 TAC §129.5 (d)(1) and (2) states "The doctor shall file the Work Status Report: (1) after the initial examination of the employee, regardless of the employee's work status; (2) when the employee experiences a change in work status or a substantial change in activity restrictions."

The DWC finds that the requestor has established that reimbursement of \$15.00 is due for date of service August 24, 2022. Therefore, this amount 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 \$8,557.22 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 \$8,557.22 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

_____	_____	June 2, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).