

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

 Peak Integrated  
Healthcare

**Respondent Name**

Indemnity Insurance Co. of North America

**MFDR Tracking Number**

M4-23-2144-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

May 2, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
01/23/2023	99361-W1	\$85.00	\$0.00
	<b>Total</b>	\$85.00	\$0.00

### Requestor's Position

From Request for Reconsideration: "We disagree that this charge exceeds the fee schedule allowance. Please process for full payment... Per rule 134.202 (e)(3) Team conferences are necessary to discuss and coordinate the course of the treatment for the patient. ALL requirements were met as you can see in the attached documentation... 99361-W1 should be reimbursed at the allowed amount of \$113 per TDI's Medical Fee Guideline. "

**Amount in Dispute:** \$85.00

### Respondent's Position

"DWC Rule 134.220(4) states that the documentation of a team conference must document any health care provider that contributes to the team conference. The billing provider in this matter, James Mitchell, D.C., did not sign the team conference report, nor state he attended. Therefore, there is no documentation on this document that James Mitchell, D.C. is the treating doctor, attended the conference, and should be paid the \$113.00 fee guideline amount. In conclusion, Requestor is not owed for any additional monies for the team conference."

**Response submitted by:** Indemnity Insurance Co. of North America

## 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 §134.220](#) sets out the fee guidelines for case management services.

### Denial Reasons

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

- 90950 - This bill is a reconsideration of a previously reviewed bill, allowance amounts reflect any changes to the previous payment
- P12 – Workers' Compensation Jurisdictional Fee Schedule adjustment.
- 309 – The charge for this procedure exceeds the fee schedule allowance.

### Issues

1. Is the requester entitled to additional reimbursement for disputed case management service 99361-W1 rendered on January 23, 2023?

### Findings

1. The requester, Peak Integrated Healthcare, is seeking additional reimbursement in the amount of \$85.00 for CPT code 99361-W1, case management services, rendered on January 23, 2023. Per EOB submitted...

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 division finds the requester did not comply with the documentation requirements outlined in 28 TAC §134.220, therefore the requester is not entitled to additional reimbursement for CPT code 99361-W1 rendered on January 23, 2023.

### 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 service.

## **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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
June 2, 2023  
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).