



# Texas Department of Insurance

## Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

GABRIEL JASSO PH.D

**Respondent Name**

PLANO INDEPENDENT SCHOOL DISTRICT

**MFDR Tracking Number**

M4-17-3522-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

AUGUST 3, 2017

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

**Amount in Dispute:** \$225.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Note that the requestor has submitted the Medical Fee Dispute for **Dr. Gabriel Jasso**, PHD but some of the bills and documentation are for **Dr. Erwin Cruz**. The original bill was received January 18, 2017 and paid on January 30, 2017 (copy of cancelled check included). This was from Dr. Erwin Cruz and the billing form had a different billing and service facility address. The original submission was for CPT code 99215. The next submission was from Dr. Erwin Cruz received February 7, 2017 with the Preston address as the service location but the billing provider address change to a Houston address. The CPT code also changed from 99215 to 99082. This was denied because it wasn't covered by Medicare and the EOB was mailed on February 13, 2017. The billing code 90882 isn't a correct Medicare code."

**Response Submitted by:** Flahive, Ogden & Latson

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 22, 2016	CPT Code 90882 Environmental Intervention For Medical Management Purposes On A Psychiatric Patient's Behalf With Agencies, Employers, Or Institutions	\$225.00	\$0.00

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

3. The services in dispute were reduced / denied by the respondent with the following reason code:
- P12-Workers compensation jurisdictional fee schedule adjustment.
  - Charge exceeds Fee Schedule allowance.
  - Items, codes and services that are not covered by Medicare.
  - This charge was not originally denied because of timely filing. It was filed timely but it is not a payable charge according to Medicare. Please note DWC rule 134.203(b)(1).
  - W3-Request for reconsideration.
  - 193-Original payment decision is being maintained. This claim was processed properly the first time.

### **Issues**

1. What is the applicable fee guideline?
2. Is the respondent's denial of payment supported?
3. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The fee guidelines for professional services are found in 28 Texas Administrative Code §134.203.
2. According to the explanation of benefits, the respondent denied reimbursement for CPT code 90082 based upon "Items, codes and services that are not covered by Medicare".

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code §134.203 (b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

CPT code 90882 is defined as "Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions".

Per Medicare Policy, CPT code 90882 is a status "N" code that is not covered by Medicare.

A review of the Environmental Intervention report states, "An Environmental Intervention was performed on behalf of the psychiatric patient for medical management purposes. A Peer Review request for neuropsychological and psychological and psychiatric overlay for [Claimant] with Dr. Wu was performed. Dr. Wu is apparently an advocate for the insurance agency. In general, we discussed the patient's mechanism of injury, current symptoms, treatment history, future treatment plans, return to work options, and current objective and subjective scores. We reviewed how the patient would benefit from testing and or treatment and how testing and treatment within itself is a manipulation of the environment. We also discussed the need for additional testing or treatment as well as the medical necessity to discontinue treatment if appropriate. There was no indication for determination." The report indicates that a Peer Review was performed with the insurance carrier's representative Dr. Wu for testing and/or treatment. This report provides no specific environmental interventions that were discussed for managing claimant's condition to support billing code 90882. As a result, reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

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

08/24/2017  
Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**