



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

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

GABRIEL JASSO PH.D

Respondent Name

VALLEY FORGE INSURANCE CO

MFDR Tracking Number

M4-17-3554-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

AUGUST 8, 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: "In accordance with the CMS Physician Fee Schedule rule for status code 'N', this service is not separately reimbursed...Status indicator 'N' is not payable under CMS and TX has not carved out 90882 to specifically address that the code be payable. The provider is misinterpreting this as included in another service which is not the case. The provider should have billed with a non SI 'N' code...The submitted record does not establish the role of Dr. Kroll –with what agencies, employers or institutions to support code 90882. The record also does not indicate what environmental changes were discussed for managing claimant's condition; therefore, the requestor has not supported billing CPT code 90882. As a result, reimbursement is not recommended."

Response Submitted by: Law Offices of Brain J. Judis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 27, 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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 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:
- 234-This procedure is not paid separately.
 - In accordance with the CMS Physician Fee Schedule rule for status code 'N', this service is not separately reimbursed.

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 "In accordance with the CMS Physician Fee Schedule rule for status code 'N', this service is not separately reimbursed ".

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 division rules and fee guidelines does not provide any exceptions for code 90882.

A review of the submitted medical records finds an environmental intervention for medical management report is not included. There is no report that supports any specific environmental interventions that were discussed for managing claimant's condition with any agency, employer or institution 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

08/30/2017

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.