



# 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**

HEALTHTRUST

**Respondent Name**

LIBERTY INSURANCE CORP

**MFDR Tracking Number**

M4-12-2051-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

February 13, 2012

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The carrier is basing their denial on the assumption that Dr. Daniel Beltran is not the treating doctor. This is not the case. When HealthTrust sent a reconsideration in for the billed dates of service, they continue to deny the claims due to their belief that Dr. Beltran is not the treating physician even though we provided a letter from the Commissioner stating the change of doctor. Please review and render a decision indicating payment must be made on these decisions."

**Amount in Dispute:** \$1,828.02

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "DWC60 submitted more than one year after the date of service. Not timely filed. Not related to the injury. PLN 11 on file."

**Response Submitted by:** Liberty Mutual Insurance

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 19, 2010 through December 9, 2010	90801, 90806 x 6	\$1,626.78	\$0.00
August 12, 2011	96102	\$201.24	\$0.00
TOTAL		\$1,828.02	\$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 guidelines for the request to the division for medical fee dispute resolution.
- 28 Texas Administrative Code §137.100 sets out the Treatment Guidelines.
- 28 Texas Administrative Code §134.600 sets out the procedures for Preauthorization, Concurrent Utilization Review, and Voluntary Certification of Health Care.

4. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services provided on or after March 1, 2008.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - X484 – According to the Texas Division of Workers Compensation’s Rules effective May 1, 2007. All medical treatment provided to workers compensation patients in the state of Texas must follow the official disability guidelines (ODG). The services provided are outside the ODG guidelines and no preauthorization was requested.
  - U301 – This item was reviewed on a previously submitted bill, or on this bill, with notification of decision issued to payor or provider (duplicate billed).
  - X049 – Not treating doctor.
  - X598 – Claim has been re-evaluated based on additional documentation submitted; no additional payment due.

### **Issue**

1. Did the requestor waive the right to medical fee dispute resolution for dates of service October 19, 2010 through December 9, 2010?
2. Did the requestor obtain preauthorization for the psychological testing rendered on August 12, 2011?
3. Is the requestor entitled to reimbursement for date of service August 12, 2011?

### **Findings**

1. 28 Texas Administrative Code §133.307(c) (1) states: “Timeliness. A requestor shall timely file with the Division’s MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.”

The date of the services in dispute is October 19, 2010 through December 9, 2010. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on February 13, 2012. This date is later than one year after the date(s) of services in dispute. The Division concludes that the requestor has failed to timely file dates of service October 19, 2010 through December 9, 2010 with the Division’s MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for dates of service October 19, 2010 through December 9, 2010.

The Division finds that the requestor has waived the right to medical fee dispute resolution for disputed dates of service October 19, 2010 through December 12, 2010. For that reason, the merits of the issues raised by both parties for dates of service October 19, 2010 through December 12, 2010 have not been addressed.

2. Per 28 Texas Administrative Code §134.600 “(p) Non-emergency health care requiring preauthorization includes: (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program.”

The requestor disputes CPT code 96102 rendered on August 12, 2011. The CPT code description is “Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.”

The requestor references preauthorization # 112060270S001001 disputed CPT code 96102 rendered on August 12, 2011. Review of the preauthorization letter, #112060270S001001 dated July 28, 2011 issued by Liberty Mutual documents that the insurance carrier authorized 2 hours of psychological testing with an approved service date of 07/26/2011.

The requestor rendered the disputed service on August 12, 2011 after the approval date provided by the insurance carrier. The requestor did not submit documentation to support that the insurance carrier approved an extension of the approved service date. As a result, the disputed services required preauthorization and no documentation was submitted by the requestor to support that preauthorization was obtained for the service date in dispute.

3. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for CPT code 96102 rendered on August 12, 2011 due to lack of preauthorization.

**Conclusion**

The Division finds that the requestor has waived the right to medical fee dispute resolution for disputed dates of service October 19, 2010 through December 12, 2010 the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due for CPT code 96102 rendered on August 12, 2011. 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	July 3, 2014 Date
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**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing 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 §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

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