



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

St. Vincent Hospital

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-14-0555-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

October 15, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am writing to appeal the denial for no pre-authorization. We were unaware at the time services were rendered that this was a Texas work comp claim. St. Vincent Hospital is located in Green Bay, WI. Wisconsin work com claims don't require pre-authorization for services. This is the reason we didn't obtain the required authorization for services. Please make an exception on this claim to allow us to do a retro-authorization for this patient. St. Vincent Hospital was following the work comp rules for Wisconsin."

Amount in Dispute: \$1650.05

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute of 5/1/2013 to 5/29/2013.

1. Texas Mutual claim 99H000050253 is non-network.
2. The requestor provided physical therapy to the claimant on the dates above.
3. Rule 134.600(p)(5)(C) states preauthorization is required 'except for the first six visits of physical or occupational therapy following the evaluation when such treatment is rendered within the first two weeks immediately following: (i) the date of injury; or (ii) a surgical intervention previously preauthorized by the insurance carrier;

The date of injury is 8/30/07. Thus, exception (i) does not apply. Next, Texas Mutual reviewed its claim file and found no surgical interventions two weeks prior to the initiating the physical therapy. Therefore, exception (ii) does not apply.

No payment is due."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 1, 2013 – May 29, 2013	Physical Therapy (97110 & 97116)	\$1650.05	\$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 §134.600 sets out the procedures for requesting preauthorization for services and defines the services that require preauthorization.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-197 – Precertification/authorization/notification absent.
 - 930 – Pre-authorization required, reimbursement denied.
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 891 – No additional payment after reconsideration

Issues

1. Did the disputed services require preauthorization?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.600 (p) states, "Non-emergency health care requiring preauthorization includes: (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to: ... (ii) Therapeutic procedures, excluding work hardening and work conditioning; ... (C) except for the first six visits of physical or occupational therapy following the evaluation when such treatment is rendered within the first two weeks immediately following: (i) the date of injury; or (ii) a surgical intervention previously preauthorized by the insurance carrier." Review of the submitted documentation finds that the dispute involves physical therapy procedures. No documentation is found to support exceptions to the preauthorization requirement. Therefore, the disputed services required preauthorization.
2. Preauthorization was required for the disputed services. Review of the submitted documentation does not support that preauthorization was obtained. Therefore, no reimbursement is recommended for the disputed services.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional 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

Laurie Garnes
Medical Fee Dispute Resolution Officer

March 30, 2015
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.