



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Angelina Rehabilitation Center

Respondent Name

Trinity Mother Frances Health

MFDR Tracking Number

M4-15-2574-01

Carrier's Austin Representative

Box Number 43

MFDR Date Received

April 15, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This was a very complicated case and 4 units of therapy would have been inadequate. This was explained in detail to the Insurance and reconsideration were also sent. However no additional payment was issued and only 4 units were paid per day, and therefore all claims should be paid in full."

Amount in Dispute: \$2,924.04

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "After careful review of preauthorization letters and network information the third party administrator (TPA), JI Specialty Services, has determined that our original review stands."

Response Submitted by: JI Specialty Services, P.O. Box 26655, Austin, TX 78755

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 3, 2014 through October 9, 2014	Physical Therapy	\$2,924.04	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 §134.600 sets out the guidelines for prospective and concurrent review of health care.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 119 – Benefit maximum for this time period or occurrence has been reached
 - 168 – Billed charge is greater than maximum unit value or daily maximum allowance for physical therapy/physical medicine services

- 246 – This non-payable code is for require reporting only
- 4280 – This procedure code requires a functional reporting G code to be billed
- 247 – A payment or denial has already been recommended for this service
- P12 – Workers’ compensation jurisdictional fee schedule adjustment
- 193 – Original payment decision is being maintained

Issues

1. Are the insurance carrier’s reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services with claim adjustment reason code 119 – “Benefit maximum for this time period or occurrence has been reached.” Review of the submitted documentation finds;
 - a. NOTICE OF UTILIZATION REVIEW FINDINGS, May 5, 2014, “AUTHORIZATION of: additional outpatient physical therapy (PT) to the right shoulder (2) times per week over four (4) weeks... no more than four (4) units per session. Authorization valid 05/02/14 through 06/13/14.
 - b. NOTICE OF UTILIZATION REVIEW FINDINGS, June 23, 2014, “AUTHORIZATION of extension of dates of service for previously authorized additional outpatient physical therapy (PT) to the right shoulder... no more than four (4) units per session. One (1) session remaining. Authorization valid through 07/18/14.

Review of the submitted medical claims finds;

Date of Service	Submitted Code	Submitted Charge	Units	Authorized
June 3, 2014	97530	\$260.00	4	No, 4 units (authorized benefit maximum) paid under 97113
June 3, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
June 5, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
June 5, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
June 17, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
June 17, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
July 1, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
July 1, 2014	97035	\$45.00	1	No, 4 units (benefit maximum for session) paid under 97113
July 3, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
July 3, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
July 8, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
July 8, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
July 10, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
July 10, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
July 23, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113

July 23, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
July 25, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
July 25, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
August 12, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
August 12, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
August 14, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
August 14, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
August 19, 2014	97530	\$65.00	1	No, 4 units (benefit maximum for session) paid under 97113
August 19, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
August 21, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
August 21, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
September 9, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
September 9, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
September 11, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
September 11, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
September 30, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
September 30, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
October 2, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
October 2, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113
October 9, 2014	97530	\$260.00	4	No, 4 units (benefit maximum for session) paid under 97113
October 9, 2014	97032	\$50.00	1	No, 4 units (benefit maximum for session) paid under 97113

28 Texas Administrative Code §134.600 (c) states in pertinent part, “The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur: (A) an emergency, as defined in Chapter 133 of this title (relating to General Medical Provisions); (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care;” 28 Texas Administrative Code §134.600 (5) states, “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: (i) Modalities, both supervised and constant attendance; (ii) Therapeutic procedures, excluding work hardening and work conditioning;” As the services in dispute exceeded the authorization for number of total units, the Carrier is not liable for the services in dispute. The Carrier’s denial is supported.

2. The requirements of Rule 134.600 were not met. No additional payment can be recommended.

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

Medical Fee Dispute Resolution Officer

June 11, 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, 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 MFDR 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.