



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

San Diego Spine & Sport

Respondent Name

Wausau Underwriters Insurance

MFDR Tracking Number

M4-15-3278-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

June 4, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "we sent appeals stating that we were provided with written authorizations and we enclosed support documentation including medical daily reports, and the written authorizations, no payments received to date..."

Amount in Dispute: \$4,547.27

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The request for medical fee dispute resolution appears to have been stamped by the Division as received on June 4, 2015. Dates of services prior to June 4, 2014 would therefore not be eligible for dispute resolution. Dates of service July 19, 2013 through April 9, 2014 were not filed within the Division's requirement for timely filing. For dates of service February 2, 2015 through March 9, 2015 procedure codes 97001 and 97110 were reimbursed with additional codes denied as not preauthorized. Attached is a copy of the preauthorization letter dated January 20, 2015 explaining that preauthorization was granted only for "8 Visits of occupational therapy to the right small finger using 97110."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: July 19, 2013 through March 9, 2015; Therapy Services; \$4,547.27; \$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

- 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 guidelines for prospective and concurrent review of

healthcare.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - X170 – Pre-authorization was required, but not requested for this service per DWC Rule 134.600
 - 193 – Original payment decision is being maintained

The requestor is a health care provider that rendered disputed services in the state of California to an injured employee with an existing Texas Workers' Compensation claim. The health care provider was dissatisfied with the insurance carrier's final action. The health care provider requested reconsideration from the insurance carrier and was denied payment after reconsideration. The health care provider has requested medical fee dispute resolution under 28 Texas Administrative Code §133.307. Because the requestor has sought the administrative remedy outlined in 28 Texas Administrative Code §133.307 for resolution of the matter of the request for additional payment, the Division concludes that it has jurisdiction to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.

Issues

1. Was the request for MFDR submitted per Rule 133.307?
2. Are the insurance carrier's reasons for denial or reduction of payment supported?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The respondent states, "The request for medical fee dispute resolution appears to have been stamped by the Division as received on June 4, 2015. Dates of services prior to June 4, 2014 would therefore not be eligible for dispute resolution. Dates of service July 19, 2013 through April 9, 2014 were not filed within the Division's requirement for timely filing." Review of the submitted documents finds;
 - a. Dates of service listed on submitted DWC060 begins July 19, 2013 and ends March 9, 2015.
 - b. The date stamped to signify when the request was received by Medical Fee Dispute Resolution was June 4, 2015.

28 Texas Administrative Code §133.307 (c) states, Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division.

- (1) Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request.

- (A) A request for MFDR 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 Division finds the respondents' statement is supported. Therefore dates of service prior to June 4, 2014 are not eligible for Medical Fee Dispute Resolution.

2. The insurance carrier denied the remaining dates of services with claim adjustment reason code X170 – "Pre-authorization was required, but not requested for this service per DWC Rule 134.600." 28 Texas Administrative Code §134.600 (p) requires that, 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:
 - (i) Modalities, both supervised and constant attendance;
 - (ii) Therapeutic procedures, excluding work hardening and work conditioning;
 - (iii) Orthotics/Prosthetics Management;
 - (iv) Other procedures, limited to the unlisted physical medicine and rehabilitation procedure code;

Review of the submitted document, "Utilization Management, January 20, 2015, Additional Information: 8 Visits of occupational therapy to the right small finger using 97110."

The health care provider submitted the following medical claims;

- Date of service(s): February 2, 2015 codes 97004 and 97018
- February 9, 2015 codes; 97530, 97140 and 97018
- February 16, 2015 codes; 97530, 97018
- February 23, 2015 codes; 97530, 97018
- February 27, 2015 codes; 97530, 97018
- March 9, 2015 codes; 97110, 97140, 97530, 97018

The insurance carrier's denial reason is supported. Additional reimbursement cannot be recommended for the codes that required prior authorization.

3. The services eligible for Medical Fee Dispute Resolution were subject to prior authorization requirements of Rule 134.600. These requirements were not met.

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	July 15, 2015 Date
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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.