



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 PHD

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-19-0214-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

SEPTEMBER 17, 2018

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... **DESIGNATED DOCTOR REFERRED TESTING.**"

Amount in Dispute: \$3,837.20

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual has no record of receiving a preauthorization request for the testing not has the requester provided any documentation it sought and obtained preauthorization. No payment is due."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 17, 2018	CPT Code 96118	\$3,216.40	\$0.00
	CPT Code 96116	\$620.80	\$0.00
TOTAL		\$3,837.20	\$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, effective March 30, 2014, requires preauthorization for specific treatments and services.
3. 28 Texas Administrative Code §127.10, effective September 1, 2012 sets out the general procedures for Designated Doctor Examinations.

4. The services in dispute were reduced / denied by the respondent with the following reason code:

- CAC-197-Precertification/authorization/notification absent.
- 930-Pre-authorization required, reimbursement denied.

Issues

Does a preauthorization issue exist in this case? Is the requestor entitled to reimbursement for CPT codes 96118 and 96116 (X2)?

Findings

According to the explanation of benefits, the respondent denied reimbursement for CPT codes 96118 and 96116 based upon a lack of preauthorization.

The respondent wrote, "Texas Mutual has no record of receiving a preauthorization request for the testing not has the requester provided any documentation it sought and obtained preauthorization. No payment is due."

The basis for the respondent's position is found at 28 Texas Administrative Code §134.600(p)(7).

Per 28 Texas Administrative Code §134.600(p)(7), "Non-emergency health care requiring preauthorization includes: 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 contends that reimbursement is due because the disputed services relate to a designated doctor referral.

The basis for the requestor's position is found at 28 Texas Administrative Code §127.10(c).

Per 28 Texas Administrative Code §127.10(c), "The designated doctor shall perform additional testing when necessary to resolve the issue in question. The designated doctor shall also refer an injured employee to other health care providers when the referral is necessary to resolve the issue in question and the designated doctor is not qualified to fully resolve the issue in question. Any additional testing or referral required for the evaluation is not subject to preauthorization requirements nor shall those services be denied retrospectively based on medical necessity, extent of injury, or compensability in accordance with the Labor Code §408.027 and §413.014, Insurance Code Chapter 1305, or Chapters 10, 19, 133, or 134 of this title (relating to Workers' Compensation Health Care Networks, Agents' Licensing, General Medical Provisions, and Benefits--Guidelines for Medical Services, Charges, and Payments, respectively) but is subject to the requirements of §180.24 of this title (relating to Financial Disclosure)."

Based upon the submitted documentation, the division finds the requestor did not support the disputed services billed under CPT codes 96118 and 96116 were part of a designated doctor examination referral. 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

10/16/2018

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.