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
GERI MEDICAL INC

MFDR Tracking Number
M4-20-0072-01

MFDR Date Received
September 4, 2019

Respondent Name
TX PUBLIC SCHOOL WC PROJECT

Carrier's Austin Representative
Box Number 01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The patient was referred by an Urgent Care Clinic and Dr. Williams dispensed a product in office to the patient in an attempt to quickly alleviate any pain or discomfort, therefore a precertification/authorization was not obtained beforehand. We respectfully ask for a reconsideration upon further review of this claim."

Amount in Dispute: $643.41

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Gerimed failed to obtain preauthorization for durable medical equipment (DME) in excess of $500 in accordance with Rule 134.600 (p)(9). Consequently, in the absence of any credible evidence to the contrary, it is not entitled to reimbursement from CRF."

Response Submitted by: Creative Risk Funding

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
April 29, 2019	L1832-LT-KX	$643.41	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code(TLC) §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
3. 28 TAC §134.203 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 197 – Payment denied/reduced for absence of precertification/authorization /authorization/certification absent
   - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

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

Findings

1. The requestor seeks reimbursement for a knee orthosis (KO), HCPCS Code L1832, rendered on April 29, 2019. The insurance carrier denied the disputed service with denial reduction code; "197 – Payment denied/reduced for absence of precertification/authorization.

   The insurance carrier in the position summary states in pertinent part, "Gerimed failed to obtain preauthorization for durable medical equipment (DME) in excess of $500 in accordance with Rule 134.600 (p)(9). Consequently, in the absence of any credible evidence to the contrary, it is not entitled to reimbursement from CRF."

   The requestor states, "...Dr. Williams dispensed a product in office to the patient in an attempt to quickly alleviate any pain or discomfort, therefore a precertification/authorization was not obtained beforehand."

   28 TAC §134.600 (p) (9) states in pertinent part "(p) Non-emergency health care requiring preauthorization includes: (9) all durable medical equipment (DME) in excess of $500 billed charges per item (either purchase or expected cumulative rental)."

   The requestor billed for DME in the amount of $643.41, exceeding the $500 billed charge per item. Per 28 TAC §134.600 (p) (9) DME in excess of $500 billed charges requires preauthorization. Review of the information submitted by requestor, included insufficient documentation to support that preauthorization was obtained for the DME item in dispute.

   28 TAC §134.600 (c) (1) (B) states in pertinent part, "(c) 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... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..."

   The DWC finds that the requestor was required to obtain preauthorization for HCPCS Code L1832. The requestor submitted insufficient documentation was submitted to support that preauthorization was obtained. As a result, the requestor is not entitled to reimbursement for the disputed service.

2. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for HCPCS Code L1832 rendered on April 29, 2019. As a result, $0.00 is recommended.

Conclusion

For the reasons stated above, the DWC 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 TLC §413.031, the DWC has determined that the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	October 10, 2019 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 TAC §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

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