



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

PATIENT CARE INJURY CLINIC

Respondent Name

HARRIS COUNTY

MFDR Tracking Number

M4-20-0620-01

Carrier's Austin Representative

Box Number 21

MFDR Date Received

NOVEMBER 4, 2019

REQUESTOR'S POSITION SUMMARY

"Per DWC code 133.307 preauthorization is NOT required for physical rehabilitation if the services are rendered within the first two weeks of the date of injury. The INITIAL dates in question are well within the first two weeks of the DOI and are subject to reimbursement. The remining [sic] dates of service fall within range of preauthorization provided."

Amount in Dispute: \$369.63

RESPONDENT'S POSITION SUMMARY

"The Division should decline to order payment because Requestor did not obtain required preauthorization for this service. As this service requires preauthorization and Requestor failed to obtain preauthorization, Respondent is not liable for the service."

Response Submitted By: Thornton Biechlin Reynolds & Guerra

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Rows include CPT codes for September 11, 2019 and a TOTAL row.

## ***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 (DWC).

### **Background**

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600, effective November 1, 2018, requires preauthorization for specific treatments and services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 198-Payment denied/reduced for exceeded precertification/authorization.
  - W3-Reconsideration.
  - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 1014-The attached billing has been -re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

### **Issues**

Is the requestor entitled to reimbursement for physical therapy services rendered on September 11, 2019?

### **Findings**

1. Patient Care Injury Clinic is seeking medical fee dispute resolution in the amount of \$369.63 for physical therapy services, CPT codes 97112, 97110 97140, and G0283, rendered on September 11, 2019.
2. The respondent denied payment for the services based upon a lack of preauthorization.
3. The requestor contends reimbursement is due because, "Per DWC code 133.307 preauthorization is NOT required for physical rehabilitation if the services are rendered within the first two weeks of the date of injury. The INITIAL dates in question are well within the first two weeks of the DOI and are subject to reimbursement. The remaining [sic] dates of service fall within range of preauthorization provided."
4. 28 TAC §134.600 (p)(5)(C)(i) 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: (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.
5. The claimant sustained a compensable injury on [REDACTED].
6. Per 28 TAC §134.600 (p)(5)(C)(i), physical therapy services rendered from July 29, 2019 through August 12, 2019, did not require preauthorization.
7. On August 12, 2019, the requestor obtained preauthorization for nine physical therapy services, CPT codes 97110, 97112, and 97140, to be rendered from August 12, 2019 to September 25, 2019.
8. The requestor submitted a physical therapy report that indicates claimant received physical therapy treatment on August 14, 15, 17, 22, 24, 27, September 4, 7, 9, 11, 21, and 25, 2019. Therefore, the physical therapy services rendered on September 11, 21 and 25, 2019 required preauthorization.
9. The requestor did not submit any documentation to support preauthorization was obtained for the physical therapy services rendered on September 11, 2019; therefore, the respondent's denial of payment is supported.

**Conclusion**

For the reasons stated above, the DWC 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

		12/11/2019
Signature	Medical Fee Dispute Resolution Officer	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 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 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 DWC. **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.**