



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
ASSOC HAND AND PLASTIC SURGERY
ROBERT IPPOLITO, MD

MFDR Tracking Number
M4-20-1809-01

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Date Received
MARCH 27, 2020

Carrier's Austin Representative
Box Number 54

REQUESTOR'S POSITION SUMMARY

The requestor did not submit a position summary.

Amount in Dispute: \$3,122.00

RESPONDENT'S POSITION SUMMARY

"Texas Mutual claim...is in the WorkWell Network. (Attachment) Texas Mutual reviewed its online Network provider director for the requestor's name...and found no evidence ASSOCIATE HAND AND PLASTIC SURGERY is a participant in that Network. Dr. Robert Ippolito obtained out of network approval 10/30/19-11/30/19 (1 month), however the provider did not obtain preauthorization for surgical services provided in outpatient place of service.. The provider did not fully comply with network requirements which states 'Surgery/procedures/integral dVICES: All non-emergency surgeries represented by AMA CPT codes 10010-69990 amd/or G codes which represent a surgical procedure performed in a setting or place of service other than the doctor's office [POS 11].' DWC 73 form was not paid for 11/6/2019 as the provider did not properly complete the form...Dates of service 1/29/2020 was denied as office visit is till within global period of surgical procedure, also out of network approval for the provider expired 11/30/19."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Table with 4 columns: Date(s) of Service, Disputed Service(s), Amount in Dispute, Amount Due. Rows include dates from October 2019 to January 2020 and corresponding CPT codes and amounts.

TOTAL		\$3,122.00	\$0.00
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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 (TDI), 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 Texas Insurance Code (TIC) Chapter 1305 applicable to Health Care Certified Networks.
3. 28 TAC §§10.120 through 10.122 address the submission of a complaint by a health care provider to the Health Care Network.
4. 28 TAC §134.600, requires preauthorization for specific treatments and services.
5. The services in dispute were reduced/denied payment by the respondent with the following reason codes:
 - CAC-197-Precertification/Authorization/Notification absent.
 - CAC-P12-Workers' compensation jurisdictional fee schedule adjustment.
 - D25-Approved non-network provider for Workwell, TX network claimant per rule 1305.153(C).
 - 249-DWC-73 not submitted; not properly completed and/or missing required signature; reimbursement denied per rule 129.5.
 - 785-Service rendered is integral to service requiring preauthorization. Preauthorization not sought/approval not obtained for that service.
6. Neither party to the dispute submitted any explanation of benefits for dates of service October 3, October 10, October 16, 2019, January 15 and January 29, 2020.

Issues

1. Did the Requestor obtain an out-of-network referral from the injured employee's treating doctor that was approved by the network pursuant to §1305.103?
2. Is this dispute eligible for medical fee dispute resolution (MFDR) pursuant to 28 TAC §133.307?
3. Does a preauthorization issue exist for CPT codes 20680 and 20680-59?
4. Is the respondent's denial of payment for CPT code 99080-73 supported?

Findings

1. The requestor is seeking medical fee dispute resolution (MFDR) for professional services rendered from October 3, 2019 through January 29, 2020.
2. The requestor filed this medical fee dispute to the DWC asking for resolution pursuant to 28 TAC (TAC) §133.307 titled *MDR of Fee Disputes*. The authority of the DWC is to apply TLC statutes and rules, including 28 TAC §133.307, is limited to the conditions outlined in the applicable portions of the TIC, Chapter 1305. TIC §1305.153 (c) provides that "Out-of-network providers who provide care as described by §1305.006 shall be reimbursed as provided by the Texas Workers' Compensation Act and applicable rules of the commissioner of workers' compensation."

TIC §1305.006 states, in pertinent part, "(3) health care provided by an out-of-network provider pursuant to a referral from the injured employee's treating doctor that has been approved by the network pursuant to §1305.103."

TIC §1305.103 requires that "(e) A treating doctor shall provide health care to the employee for the employee's compensable injury and shall make referrals to other network providers, or request referrals to out-of-network providers if medically necessary services are not available within the network. Referrals to out-of-network providers must be approved by the network. The network shall approve a referral to an out-of-network provider not later than the seventh day after the date on which the referral is requested, or sooner if circumstances and the condition of the employee require expedited approval. If the network denies the referral request, the employee may appeal the decision through the network's complaint process under Subchapter I."

The requestor has the burden to prove that it obtained the appropriate approved out-of-network referral for the out-of-network healthcare it provided. The requestor submitted a report approving the out-of-network referral to treat the injured employee effective October 30, 2019 through November 30, 2019. An out-of-network approval for services rendered prior to October 30, 2019 and after November 30, 2019 was not submitted. The DWC finds that the requestor thereby has failed to meet the requirements of TIC §1305.103 and §1305.006(3) for disputed services rendered prior to October 30, 2019 and after November 30, 2019.

Consequently, the services in dispute rendered prior to October 30, 2019 and after November 30, 2019 are not eligible for MFDR pursuant to 28 TAC §133.307.

The TDI rules at 28 TAC §§10.120 through 10.122 address the submission of a complaint by a health care provider to the Health Care Network. The DWC finds that the disputed may be filed to the TDI's Complaint Resolution Process, if the health care provider or facility is dissatisfied with the outcome of the network complaint process. The complaint process outlined in TIC Subchapter I, §1305.401 - §1305.405 may be the appropriate administrative remedy to address fee matters related to health care certified networks.

3. For dates of service October 30, 2019 through November 30, 2019, the respondent denied reimbursement for CPT codes 20680 and 20680-59 based upon a lack of preauthorization.

28 TAC §134.600(p)(2) states in part, "Non-emergency health care requiring preauthorization includes: (2) outpatient surgical" services.

The requestor did not submit a report supporting CPT codes 20680 and 20680-59 were preauthorized in accordance with 28 TAC §134.600(p)(2); therefore, the respondent's denial of payment is supported.

4. The respondent denied reimbursement for CPT code 99080-73 rendered on November 6, 2019 based upon "249-DWC-73 not submitted; not properly completed and/or missing required signature; reimbursement denied per rule 129.5."

A review of the submitted report finds the report is not properly completed, specifically it is missing a date in box #13 and the employee's signature; therefore, the respondent's denial of payment is supported.

Conclusion

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 eligible for MFDR under 28 TAC §133.307 for services rendered prior to October 30, 2019 and after November 30, 2019. For the reasons stated above, the DWC finds that the requestor has not established that reimbursement is due for services rendered from October 30, 2019 through November 30, 2019. 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

Signature

Medical Fee Dispute Resolution Officer

April 17, 2020
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 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 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.