



# 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**

Baptist St Antonys Hlth

**Respondent Name**

Deep East Texas Self Insurance Fund

**MFDR Tracking Number**

M4-20-2394-01

**Carrier's Austin Representative**

Box Number 44

**MFDR Date Received**

June 4, 2019

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "None submitted."

**Amount in Dispute:** \$381.43

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Based on the Preauthorization Letter dated 6/14/19, 4 units per session x6 sessions over 3 week period were authorized. Payment was processed on the authorized sessions per the EOB's attached."

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 2 – 18, 2019	Outpatient Physical Therapy	\$381.43	\$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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.600 sets out the requirements of prior authorization.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 198 – Payment denied/reduced for exceeded precertification/authorization
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

**Issues**

Is the insurance carrier’s denial of payment supported?

**Findings**

The requestor is seeking reimbursement of outpatient physical therapy for dates of service July 11, 16 and 18<sup>th</sup>, 2019. The insurance carrier denied the disputed services based on authorization exceeded.

28 TAC 134.600 (p) (5) states in pertinent part non-emergency health care requiring preauthorization includes physical and occupational therapy services. Review of the submitted documentation found insufficient evidence to support the dates of service in dispute were prior authorized.

The insurance carrier’s denial is supported.

**Conclusion**

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has not established payment is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

		June 15, 2020
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 Rule §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to 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. **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 hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**