



# 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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

PHYSICAL THERAPY TODAY

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-20-2779-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

JULY 27, 2020

#### REQUESTOR'S POSITION SUMMARY

"This claim was denied for authorization. We have an authorization on file, that is included. The authorization that was denied was for future visits."

Email from requestor dated August 18, 2020: " Here are additional precert numbers to review for documentation for DS: 6477179, 6587851, 6677660 Precert # 6835419 is the authorization that was sent with the appeal."

**Amount in Dispute:** \$272.00

#### RESPONDENT'S POSITION SUMMARY

"Preauthorization was confirmed on file for Physical Therapy Today for 8 PT sessions per mutual agreement between to be completed on or before 12/23/2019 – 1/30/2020. The facility obtained an extension, new end date was 2/14/2020. A bill was received for DOS 1/3/2020, bill received date was 2/3/2020. (Attachment) Audit staff reviewed the bill and determined that DOS 1/30/2020 did not have additional preauthorization. PT sessions (X8) exhausted with DOS 1/28/2020. The following DOS were received and paid prior to DOS 1/30/2020 being received. 12/27/2019, 01/02/2020, 01/07/2020, 01/09/2020, 01/14/2020, 01/21/2020, 01/23/2020, 01/28/2020 (Attachment with received dates stamped). Additional preauthorization was not obtained."

**Response Submitted By:** Texas Mutual Insurance Co

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 30, 2020	CPT Code 97112-GP-59	\$68.00	\$0.00
January 30, 2020 February 6, 2020	CPT Code 97110-GP-59	\$65.00/ea	\$0.00
January 30, 2020 February 6, 2020	CPT Code 97150-GP	\$37.00/ea	\$0.00
TOTAL		\$272.00	\$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 (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 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
3. 28 TAC §134.600, effective November 1, 2018, requires preauthorization for specific treatments and services.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - A16-The reimbursement for health care services are subject to Workwell, TX contracts. A certified WC HCN (Ins code ch. 1305)
  - CAC-131-Claim specific negotiated contract.
  - CAC-197-Pre-certification/authorization/notification absent.
  - 786-Denied for lack of preauthorization or preauthorization denial in accordance with the network contract.
  - CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
  - DC4-No additional reimbursement allowed after reconsideration.
  - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - CAC-18-Exact duplicate claim service.
  - DC7-Duplicate appeal. Network contract applied by Workwell, TX network.

### **Issues**

Is the requestor entitled to reimbursement for physical therapy services rendered on January 30, 2020 and February 6, 2020?

### **Findings**

1. The requestor is seeking reimbursement in the amount of \$272.00 for physical therapy services, CPT codes 97112, 97150 and 97110, rendered on January 30, 2020 and February 6, 2020.
2. The respondent denied reimbursement for the disputed services based upon claim being subject to a certified network contract. The respondent did not submit documentation to support this denial. Based upon DWC records, this claim is not subject to a certified network contract; therefore, the respondent's denial is not supported.
3. The respondent also denied reimbursement for the disputed physical therapy services based upon a lack of preauthorization.
4. The requestor contends that preauthorization was obtained. In support of their position, the requestor submitted the following report:
  - December 23, 2019, Preauthorization number 6835419, preauthorization obtained for eight visits end date January 30, 2020.
5. To determine if the disputed services are eligible for reimbursement the DWC refers to the following statute:
  - 28 TAC §134.600 (p) 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: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to: (i) Modalities, both

supervised and constant attendance; (ii) Therapeutic procedures, excluding work hardening and work conditioning.

The DWC finds physical therapy services require preauthorization per rule 134.600.

- 28 TAC §134.600 (f) states,  
The requestor or injured employee shall request and obtain preauthorization from the insurance carrier prior to providing or receiving health care listed in subsection (p) of this section. Concurrent utilization review shall be requested prior to the conclusion of the specific number of treatments or period of time preauthorized and approval must be obtained prior to extending the health care listed in subsection (q) of this section. The request for preauthorization or concurrent utilization review shall be sent to the insurance carrier by telephone, facsimile, or electronic transmission and, include the:  
(2) specific health care listed in subsection (p) or (q) of this section;  
(3) number of specific health care treatments and the specific period of time requested to complete the treatments.

The respondent submitted claims that indicate claimant received physical therapy treatment on December 27, 2019, January 2, 2020, January 7, 2020, January 9, 2020, January 14, 2020, January 21, 2020, January 23, 2020, and January 28, 2020 for a total of eight visits prior to the disputed dates of service. The DWC finds the requestor did not support that the physical therapy services rendered on January 30, 2020 and February 6, 2020 were preauthorized. As a result, reimbursement is not recommended.

### **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**

_____	_____	08/27/2020
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 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.**