



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

Memorial Hermann Katy Hospital

Respondent Name

XL Specialty Insurance Co

MFDR Tracking Number

M4-21-0981-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

February 10, 2021

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...the self-insured employer provided a verbal authorization for treatment and the TPA, Gallagher Bassett, paid all the other therapy medical bills before and after this DOS."

Amount in Dispute: \$7,345.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "It was determined the medical provider did not request preauthorization as required to address medical necessity."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 5, 2020 through March 4, 2020	Physical Therapy	\$7,345.50	\$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 guidelines for prior authorization.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 197 – Preauthorization/authorization/notification absent

Issues

Is the insurance carrier’s denial of payment supported?

Findings

The requestor is seeking reimbursement of physical therapy rendered in February and March 2020. The insurance carrier denied the disputed service as lack of authorization. The health care provider indicates a verbal authorization was received. Insufficient evidence was found to support these disputed services were prior authorized.

28 TAC §134.600 (p) (5) states in pertinent part non-emergency requiring preauthorization includes physical and occupation therapy services. The insurance carrier’s denial is supported. No payment is recommended.

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

		March 29, 2021
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.