



# 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**

DALLAS TESTING, INC

**Respondent Name**

UNITED WISCONSIN INSURANCE CO

**MFDR Tracking Number**

M4-21-1378-01

**Carrier's Austin Representative**

Box Number 06

**MFDR Date Received**

APRIL 7, 2021

#### REQUESTOR'S POSITION SUMMARY

"This date of service has been sent into the insurance carrier for reconsideration with proper documentation to support the treatment provided."

**Amount in Dispute:** \$422.94

#### RESPONDENT'S POSITION SUMMARY

The respondent did not submit a response to this request for medical fee dispute resolution.

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 15, 2020	CPT Code 97750-GP ( X7) Physical Performance Evaluation (PPE)	\$422.94	\$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**

- 28 Texas Administrative Code §133.307 (TAC), effective February 22, 2021 sets out the procedures for resolving a medical fee dispute.
- 28 TAC §134.600, effective November 1, 2018, requires preauthorization for specific treatments and services.
- 28 TAC §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment code:
  - 240-Preauthorization not obtained.
  - 197-Precertification/authorization/notification absent.

- 350-Bill has been identified as a request for reconsideration or appeal.
- B12-Services not documented in patients' medical records.
- A68-219-Services denied based on extent of injury.

### **Issues**

Is the requestor entitled to reimbursement for CPT code 97750-GP (X7) rendered on June 15, 2020?

### **Findings**

1. The Austin carrier representative for United Wisconsin Insurance Co is Stone , Loughlin & Swanson, LLP. Stone , Loughlin & Swanson, LLP received a copy of this medical fee dispute on April 13, 2021. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information

As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

2. The requestor is seeking medical fee dispute resolution in the amount of \$422.94 for CPT code 97750-GP (X7) rendered on June 15, 2020.
3. According to the explanation of benefits, the carrier denied payment for the disputed test based upon extent of injury.

28 TAC §133.307(d)(2)(H) states, "The respondent must also provide the following information and records: If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier must attach any related Plain Language Notice in accordance with §124.2 of this title (concerning Insurance Carrier Reporting and Notification Requirements)."

The carrier did not provide any evidence that it filed a Plain Language Notice describing the disputed conditions as required by §133.307(d)(2)(H). Therefore, the DWC finds the respondent's denial based upon extent of injury is not supported.

4. According to the explanation of benefits, the carrier also denied payment for the disputed test based upon a lack of preauthorization.

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. The requestor did not submit a preauthorization report to support preauthorization was obtained; therefore, the respondent's denial 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 Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

06/14/2021  
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.**