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 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
CENTER OF ARK

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-21-1902-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
JUNE 24, 2021

REQUESTOR'S POSITION SUMMARY

The requestor did not submit a position summary in the dispute packet.

Amount in Dispute: $243.93

RESPONDENT'S POSITION SUMMARY

"Treatment was rendered outside of preauthorization period. Texas Mutual maintains its position, no payment is due."

Response Submitted by: Texas Mutual Insurance Co

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 13, 2021	CPT Code 97110	$243.93	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

1. 28 Texas Administrative Code §133.307 (TAC), effective February 22, 2021, sets out the procedures for resolving a medical fee dispute.
2. 28 TAC §134.600, effective November 1, 2018, requires preauthorization for specific treatments and services.
3. Per the submitted explanation of benefits, the services in dispute were reduced/denied by the respondent with the following claim adjustment reason codes:
   - 930-Pre-authorization required, reimbursement denied.
   - CAC-197-Precertification/authorization/notification absent.
   - CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration.
   - 891-No additional payment after reconsideration.

- CAC-193-Original payment decision is being maintained. Upon review, it was determined that his claim was processed properly.

Issues

Is the requestor entitled to reimbursement for CPT code 97110 rendered on January 13, 2021?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of $243.93 for CPT code 97110 rendered on January 13, 2021.
2. The requestor provided services in the state of Arkansas on January 13, 2021 to an injured employee with an existing Texas Workers' Compensation claim. The requestor was not satisfied with the respondent's final action. The requestor filed for reconsideration and was denied payment after reconsideration. The requestor filed for dispute resolution under 28 TAC §133.307. The dispute is to be decided under the jurisdiction of the Texas Workers' Compensation Act and applicable rules.
3. The insurance carrier denied reimbursement for the disputed services, based upon a lack of preauthorization.

   Per 28 TAC §134.600(f) (1-3), "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 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:

   (1) name of the injured employee;

   (2) specific health care listed in subsection (p) or (q) of this section;

   (3) number of specific health care treatments and the specific period requested to complete the treatments."

   28 TAC §134.600(p)(5) requires preauthorization for "(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."

   Per 28 TAC §134.600(f)(5) the disputed services required preauthorization.
4. On January 26, 2021, the respondent's gave preauthorization approval per mutual agreement for "Physical Therapy 3 x Wk x 3 Wks then 2 x Wk x 1 Wk, per DR. Yarkin, to be done at Advanced Orthopedic Specialists between 1/26/21 – 3/26/21…session is limited to 1 hour duration with no more than four (4) …(CPT) codes per session."

   The DWC finds the respondent's denial of payment is supported because requestor did not submit sufficient evidence that services were preauthorized.

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 on the submitted information, and pursuant to Texas Labor Code Section 413.031, the DWC has determined that the requestor is not entitled to additional reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	07/27/2021 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 TAC §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 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.