



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Dr. Michael Todd Smith

**Respondent Name**

Hartford Casualty Insurance Co.

**MFDR Tracking Number**

M4-22-0785-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

December 29, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 10, 2021	CPT Code 97750-GP ( X8) Physical Performance Evaluation (PPE)	\$482.16	\$0.00
<b>Total</b>		\$482.16	\$0.00

### Requestor's Position

"The treating doctor referring the patient to our provider to have the PHYSICAL PERFORMANCE EVALUATION."

**Amount in Dispute:** \$482.16

### Respondent's Position

"Please accept this letter as a response to the above dispute. Bill was processed on 8/13/21 and denied as not authorized per adjuster's instructions: He's used greater than 3 FCE/PPE's. This would require auth. No auth requested."

**Response Submitted by: The Hartford**

## Findings and Decision

### Authority

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

### Statutes and Rules

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.600 requires preauthorization for specific treatments and services.
3. 28 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 133-The disposition of this claim/service is pending further review.
- AUTH-Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
- 96-Non-covered charges.
- W3-No additional reimbursement allowed after review of appeal/reconsideration/request for second review.
- APPR-Reimbursement is being withheld as the treating doctor and/or services rendered were not approved based upon handler review. If you require additional information regarding this bill decision, contact the claim handler.

### Issues

1. Is Hartford Casualty Insurance Company's denial based on non-covered charges supported?
2. Is Hartford Casualty Insurance Company's denial based on a lack of preauthorization supported?

### Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$482.16 for CPT code 97750-GP (X8) rendered on June 10, 2021.

According to the explanation of benefits, the carrier denied payment for the disputed test based upon "96-Non-covered charges."

28 TAC §133.307(d)(2)(H) requires the respondent to submit documentation "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 respondent did not submit any Plain Language Notice in accordance with §124.2 in accordance with 28 TAC §133.307(d)(2)(H) to support denial based upon "96." The DWC finds the respondent did not support the denial of payment based upon non-covered charges.

2. The respondent also denied reimbursement for CPT code 97750-GP based upon a lack of preauthorization reason code "AUTH."

The fee guideline for disputed services is found at 28 TAC §134.203.

28 TAC §134.203(a)(5) states, "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

CPT code 97750 is described as, "Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes "

The requestor appended the "GP" modifier to both codes. The "GP" modifier is described as "Services delivered under an outpatient physical therapy plan of care." Based upon the code and modifier description CPT code 97750-GP is an outpatient physical therapy service.

28 TAC §134.600(p)(5) 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 the requestor did not submit a copy of a report to support the disputed PPE was preauthorized; therefore, the respondent's denial of payment based upon a lack of preauthorization is supported.

## Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that reimbursement is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

### Authorized Signature

\_\_\_\_\_  
Signature

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

01/26/2022

\_\_\_\_\_  
Date

### Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).