

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TEXAS HEALTH HUGULEY

Respondent Name

DALLAS COUNTY COMMUNITY COLLEGE

MFDR Tracking Number

M4-22-1399-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

March 9, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 3, 2021 through May 20, 2021	97035-GP, and 97140-GP	\$3,329.92	\$0.00
Total		\$3,329.92	\$0.00

Requestor's Position

"Per EOB received bill denied for payment due to preauthorization. Please note, per the adjuster, Jane Smelser with Claims Admin Services, physical therapy continued treatment was approved as reasonable and necessary, under Precertification# 133616. Please reprocess and remit payment for amount due."

Amount in Dispute: \$3,329.92

Respondent's Position

"On 3/31/2021 the provider requested Preauthorization for continued physical therapy 2x a week for 6 weeks. After an unsuccessful attempt to contact the provider of service regarding their request, the authorization request was deemed an adverse determination. The provider contends that they spoke to Jane Smelser with Claims Administrative Services and continued physical therapy was approved as reasonable and necessary under UR #133616. Jane Smelser retired from Claims Administrative Services in February of 2021; therefore, the provider would not have been able to speak to her. In addition, UR#133616 is clearly documented as an Adverse Determination."

Response Submitted by: Claims Administrative Services, Inc.

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.600 sets out preauthorization, concurrent utilization review, and voluntary certification of health care.

Denial Reasons

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

- 197 – Precertification/authorization/notification/pre-treatment absent.
- 721 – Per Rule 134.600 of the Texas Administrative Code, this procedure requires preauthorization, preauthorization not obtained.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- W3 – In accordance with TDI-DWC Rule 134.804. This bill has been identified as a request for reconsideration or appeal.

Issues

1. Is the Insurance Carrier's denial reason(s) supported?
2. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 97035-GP and 97140-GP rendered on May 3, 2021 through May 20, 2021. The insurance carrier denied the services in dispute due to lack of preauthorization. The requestor states, "Please note, per the adjuster, Jane Smelser with Claims Admin Services, physical therapy continued treatment was approved as reasonable and necessary, under Precertification# 133616."

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)."

28 TAC §134.600(p)(2) states, "... (2) outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section."

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Review of referenced precertification #133616, finds that this referenced document is an adverse determination. The DWC finds that the requestor submitted insufficient documentation to support that preauthorization was obtained for the services in dispute. As a result, reimbursement cannot be recommended.

2. The DWC finds that the preauthorization was required for the services in dispute, and preauthorization was not obtained. As a result, reimbursement cannot be recommended.

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.

The DWC finds the requester has established that reimbursement is not 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

_____	_____	<u>March 24, 2022</u>
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 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. 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.

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.