



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

TEXAS SPINE AND JOINT HOSPITAL

**Respondent Name**

EAST TEXAS EDUCATIONAL INSURANCE ASSN.

**MFDR Tracking Number**

M4-23-0163-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

September 20, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 22, 2022 through March 11, 2022	97110-GP, 97112-GP, and 97530-GP-59	\$2,258.00	\$0.00
<b>Total</b>		\$2,258.00	\$0.00

### Requestor's Position

"Claims Administrative Services denied authorization for the proposed treatment, but indicated that had peer review been completed authorization would have been provided for the CPT codes that the Hospital billed. Claims Administrative Services denied the Hospital's bills for lacking preauthorization. The Hospital submitted appeals for both bills, but the preauthorization denial was upheld. The Hospital contends that the services should have been preauthorized without the necessity of peer review, given that Review Med indicated they would have authorized some of the CPT codes requested."

**Amount in Dispute:** \$2,258.00

### Respondent's Position

"The services in question were denied based on lack of Preauthorization. UR# 871103 was found as an adverse determination... Prior authorization allowed for 12 PT sessions which would leave 4 available. The provider requested an additional 12 PT sessions under UR#871103. Two attempts were made for a Peer on Peer with Texas Spine and Joint Hospital to no avail. As the UR vendor is not able to alter a Preauthorization request without the providers approval, the entire request was non authorized."

**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 §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §133.305 sets out the procedures for resolving medical disputes.
4. 28 TAC §134.600 sets out the guidelines for 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.

### 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 97110-GP, 97112-GP, and 97530-GP-59 rendered on February 22, 2022 through March 11, 2022. The insurance carrier denied the services in dispute due to lack of preauthorization.

Rule 134.600 states, "(p) Non-emergency health care requiring preauthorization includes... (2) outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section."

Rule 134.600 states, "(p) 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)."

Review of the submitted documentation, supports that preauthorization was sought from the insurance carrier prior to rendering the disputed services. However, the preauthorization request was denied by the insurance carrier.

The DWC finds that the insurance carrier's denial reasons are supported, therefore, reimbursement for CPT Codes 97110-GP, 97112-GP, and 97530-GP-59 cannot be recommended.

2. The DWC finds that preauthorization was required for the disputed CPT Codes, and the requestor submitted insufficient documentation to support that a preauthorization approval was obtained from the insurance carrier. Reimbursement is therefore, not 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 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

December 1, 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).