



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

DRIVEN PRR

Respondent Name

ACE AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-23-1314-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

February 6, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 26, 2022 through November 3, 2022	97161-GP, 97112-GP, 97110-GP, 97140-GP, and 97530-GP	\$2,709.00	\$0.00
Total		\$2,709.00	\$0.00

Requestor's Position

"I'm following up on claims submitted for the above referenced claim. We received EOBs but no payment. Please advise."

Amount in Dispute: \$2,709.00

Respondent's Position

"By rule, physical therapy beginning 09/08/2022 required preauthorization. The Requestor did not request preauthorization for physical therapy services until 01/27/2023. As there was no preauthorization on file, services rendered by the requestor for dates of service 09/26/2022 through 11/03/22 were denied with CARC code 197 (Payment adjusted for absence of precert/preauth)- with the exception of the Physical Therapy Evaluation on 9/26/22 (HCPCS 97161-Physical Therapy Evaluation Low Complexity 20 Mins). See Exhibit A. Additionally, please note, to date there has been no request for reconsideration submitted for review as required by rule 133.250."

Response Submitted by: Corvel

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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 §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §134.600, sets out the preauthorization guidelines for specific treatments and services.

Denial Reasons

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

- 18 – Duplicate claim/service.
- R1 – Duplicate billing.
- 197 – Payment adjusted due to absence of precert/preauth.
- GP – Service delivered under OP PT care plan.

Issues

1. What is the description of the disputed services?
2. Did the requestor obtain preauthorization approval prior to providing the health care in dispute accordance with 28 TAC §134.600?
3. Is the Requestor entitled to reimbursement?

Findings

1. 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."

The requestor billed the following CPT Codes 97140-GP, 97530-GP, 97110-GP, and 97112-GP. The definition of each code is indicated below:

CPT code 97140 – "Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each **15** minutes."

CPT code 97530 – "Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each **15** minutes."

CPT code 97110 – "Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility."

CPT Code 97112 – "Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities."

The requestor appended the "GP" modifier. The "GP" modifier is described as "Services delivered under an outpatient physical therapy plan of care."

2. The requestor seeks reimbursement for CPT Codes, 97110-GP, 97140-GP, 97530-GP, and 97112-GP rendered on September 26, 2022 through November 3, 2022. The insurance carrier denied the disputed services due to lack of preauthorization.

TLC Section §413.014(d) states, "The insurance carrier is not liable for those specified treatments and services requiring preauthorization unless preauthorization is sought by the claimant or health care provider and either obtained from the insurance carrier or ordered by the commissioner."

28 TAC §134.600(c)(1)(B) states "The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care."

28 TAC §134.600(p)(5) 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) 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."

Review of the documentation provided with the DWC060 request, does not include documentation to support that preauthorization approval was obtained prior to providing the services in dispute in accordance with 28 TAC §134.600.

The DWC finds that the disputed services required preauthorization in accordance with 28 TAC §134.600. As a result, reimbursement cannot be recommended for the disputed services.

3. The DWC finds that the requestor is not entitled to reimbursement for CPT Codes, 97161-GP, 97112-GP, 97110-GP, 97140-GP, and 97530-GP rendered on September 26, 2022 through November 3, 2022.

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 of \$0.00 is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

May 1, 2023

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 managing the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option three 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.