



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

BITCO GENERAL INSURANCE COMPANY

MFDR Tracking Number

M4-23-1990-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 19, 2023	L1833	\$485.70	\$0.00
Total		\$485.70	\$0.00

Requestor's Position

"ODG GUIDELINES SHOW THAT KNEE BRACE ARE RECOMMENDED WHEN INSTABILITY IS PRESENT. SEE ODG GUIDELINES ATTACHED TREATING PHYSICIAN NOTES ATTACHED THAT STATE INSTABILITY. All necessary and supporting documentation is included with this reconsideration to properly justify/support the administered treatment still needing to be paid. Therefore, this claim should be PAID IN FULL to prevent IRO (independent Review Organization) and MFDR (Medical fee Dispute Resolution)."

Amount in Dispute: \$485.70

Respondent's Position

"The provider filed a DWC 60 seeking Medical Fee Dispute Resolution for a date of service of January 19, 2003 [sic]. The service in question is durable medical equipment (DME). The provider billed \$485. The provider is not entitled to any payment. The provider should have filed a request for preauthorization... The EOR's discuss the absence of the criteria under the ODG being met. Accordingly, preauthorization was required but not requested. Thus, the provider is not entitled to any payment."

Response Submitted by: Flahive, Ogden & Latson

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 sets out the preauthorization, concurrent utilization review, and voluntary certification of health care.
3. 28 TAC §137.100 sets out the treatment guidelines.
4. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- Note: Per Rule 137.100 (d) carrier is not liable for treatment and/or services provided in excess of the Division's treatment guidelines unless for emergency care or preauthorized per rule 134.600 (p)(12).
- Note: Criteria for use, as defined by ODG, not met. No documented knee instability: ligament insufficiency/deficiency, reconstructed ligament, meniscal cartilage repair, painful failed TKA, tibial plateau fracture.
- Note: 1) HCP is required to substantiate THEIR billing: Attached documentation does not do that for a KNEE orthotic, 2) The UR given is for WORK HARDENING for Lumbar. HCP has not documented how the WH program proves knee ligament insufficiency.
- 197-Payment adjusted for absence of precert/preauth.
- ODG-Services exceed ODG guidelines; pre-auth is required.
- W3-Appeal/Reconsideration.

Issues

1. What is the description of HCPCS Code L1833?
2. Did the requestor obtain preauthorization for the disputed service?
3. Is the Requestor entitled to reimbursement?

Findings

1. 28 TAC 134.203 states, 28 TAC §134.203(b)(1) states, "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."

HCPCS Code L1833 is described as, "Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf."

2. The requestor seeks reimbursement for HCPCS Code L1833, rendered on January 19, 2023. The insurance carrier denied the durable medical equipment (DME) due to lack of preauthorization/authorization, and official disability guidelines (ODG) not met. To determine if preauthorization was required, the division refers to 28 TAC §134.600 and 28 TAC §137.100. 28 TAC §134.600 states, (p)(12) states in pertinent part "(p) Non-emergency health care requiring preauthorization includes: (9) all durable medical equipment (DME) in excess of \$500 billed charges per item (either purchase or expected cumulative rental)."
The division now refers to 28 TAC §137.100.
28 TAC §137.100 (a) states, "(a) Health care providers shall provide treatment in accordance with the current edition of the *Official Disability Guidelines - Treatment in Workers' Comp*, excluding the return to work pathways, (ODG), published by Work Loss Data Institute (Division treatment guidelines), unless the treatment(s) or service(s) require(s) preauthorization in accordance with §134.600 of this title (relating to Preauthorization, Concurrent Review and Voluntary Certification of Health Care) or §137.300 of this title (relating to Required Treatment Planning)."
28 TAC §137.100 (f) states, "(f) A health care provider that proposes treatments and services which exceed, or are not included, in the treatment guidelines may be required to obtain preauthorization in accordance with §134.600 of this title, or may be required to submit a treatment plan in accordance with §137.300 of this title."
Review of the ODG's Knee and Leg chapter, finds that a knee brace for knee and leg conditions is recommended for specific conditions. Review of the medical documentation, CMS-1500 and EOBs, does not document any of the specific conditions. The DWC finds that preauthorization was therefore required. The requestor submitted insufficient documentation to support that preauthorization was obtained for the disputed service. The Division finds that the disputed service required preauthorization prior to dispensing the DME to the injured employee.
The Division finds that the requestor did not obtain preauthorization for the disputed service, as a result, the insurance carrier is not liable for payment for this disputed charge.
3. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for disputed HCPCS Code L1833 rendered on January 19, 2023. As a result, no reimbursement is 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 of \$0.00 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 service.

Authorized Signature

_____	_____	June 20, 2023
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 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.