

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

RODRIGUEZ, JEFF JAVIER

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-23-2173-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

May 4, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 9, 2022	Code 97140	\$50.59	\$0.00
November 9, 2022	Code 97110 x 2	\$110.14	
November 11, 2022	Code 97140	\$50.59	
November 11, 2022	Code 97110 x 2	\$110.14	
Total		\$321.46	\$0.00

Requestor's Position

"I am submitting to MDR due to non-payment from Texas Mutual Workers Compensation Insurance. In short, this DOS has not been 3 times. The Carrier denial EOBs seem to be duplicating and my reconsiderations are being reviewed properly. I have attached all 3 EOB's along with my 2 reconsideration letters."

Amount in Dispute: \$321.46

Respondent's Position

"The facility did not obtain preauthorization for services rendered per Rule 134.600. Healthcare

providers can refer to preauthorization requirements: <https://www.texasmutual.com/provider-faq//preauth>

Preauthorization is not required for physical or occupational therapy within the first two weeks immediately following the date of injury, or a surgical intervention previously preauthorized by the carrier. The last date of service that falls within the first two weeks is 11/7/2022. There was no surgical intervention, therefore, preauthorization would be required for date of service 11/9/2022 and forward."

Response Submitted by: Texas Mutual Workers' Compensation Insurance

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

Denial Reasons

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

- CAC-P12 – Workers' Compensation Jurisdictional Fee Schedule adjustment
- CAC-29 – The time limit for filing has expired
- CAC-197 – Precertification/authorization/notification absent
- 282 – The insurance company is reducing or denying payment after reconsidering a bill
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service
- 930 – Pre-authorization required, reimbursement denied

Issues

1. Is the insurance carrier denial supported for the dates of service in dispute?
2. Is RODRIGUEZ, JEFF JAVIER entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement for dates of service November 9, 2022 and November

11, 2022 for CPT codes 97140 and 97110. The insurance carrier denied the services for no preauthorization. Denial reasons listed above.

28 TAC §134.600 (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:

(C) except for the first six visits of physical or occupational therapy following the evaluation when such treatment is rendered within the first two weeks immediately following:

(i) the date of injury; or

(ii) a surgical intervention previously preauthorized by the insurance carrier;

(6) any investigational or experimental service or device for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, service, or device but that is not yet broadly accepted as the prevailing standard of care;

Therefore, preauthorization was required and not obtained for the dates of service in dispute.

2. No reimbursement is due for the disputed service in accordance with 28 TAC §134.600.

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 additional 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 additional reimbursement for the disputed services.

Authorized Signature



June 2, 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 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.