

Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

TEXAS SPINE AND JOINT HOSPITAL

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-23-2452-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

May 25, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 1, 2022 through December 8, 2022	97710-GP and 97140-GP	\$1,991.00	\$0.00
Total		\$1,991.00	\$0.00

Requestor's Position

"The dates of service at issue are 12/01/22, 12/06/22, & 12/8/22, all of which fall within the certification extension as determined by Genex. The medical records demonstrate that the treatment was to the Claimant's right knee. As the authorization extension covers the dates of service at issue (& the actual treatment provided), the bill was improperly denied as not authorized/certified."

Amount in Dispute: \$1,991.00

Respondent's Position

"Texas Spine and Joint Hospital on 9/21/2022 was granted preauthorization for 10 physical therapy sessions between 9/16/2022-11/4/2022. On 11/11/2022 an end date extension was granted through 12/30/2022, however, no additional sessions were authorized. Texas Spine and Joint Hospital has been reimbursed for physical therapy sessions on 10/14,19,25,28/2022 (4 of 10 sessions) and 11/1,3,9,11,15,17/2022 (10 of 10 sessions)... Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance Company

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](#)) [§133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.600](#) sets out the 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-W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- CAC-193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- CAC-197 – PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.
- CAC-198 – PRECERTIFICATION/AUTHORIZATION EXCEEDED.
- DC4 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.
- 350 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 759 – SERVICE NOT INCLUDED IN AND/OR EXCEEDS PREAUTHORIZATION APPROVAL
- 786 – DENIED FOR LACK OF PREAUTHORIZATION OR PREAUTHORIZATION DENIAL IN ACCORDANCE WITH THE NETWORK CONTRACT.

Issues

1. Is the insurance carrier's denial reason supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 97110-GP and 97140-GP rendered on December 1, 2022, December 6, 2022, and December 8, 2022. The insurance carrier denied the disputed service due to lack of preauthorization.

The parties submitted several copies of preauthorization outcomes issued by the URA, Genex. The first preauthorization dated September 21, 2022 under review #5756571, indicates that the URA certified 10 PT visits for the [injury] between 9/16/2022 and 11/4/2022.

The second preauthorization, dated November 11, 2022 under review #5756571, indicates that the URA certified 10 PT visits for the [injury] (EXTENSION) between 9/16/2022 and 12/30/2022 be certified.

The DWC determines that the insurance carrier provided adequate evidence to support the claim that the requestor was given an extension to complete 10 physical therapy visits between September 16, 2022, and December 30, 2022. The requestor completed the 10 physical therapy sessions within the Genex-provided extension dates, but the requestor did not get preauthorization for any more sessions beyond the initial 10.

The DWC determines that for the physical therapy sessions performed beyond the initial 10 sessions on December 1, 2022, December 6, 2022, and December 8, 2022, the requestor was required to obtain preauthorization in accordance with 28 TAC 134.600. Therefore, the requestor is not entitled to reimbursement for the disputed services.

2. The DWC finds that due to the reasons indicated above, the requestor has not established that reimbursement is due. As a result, reimbursement in the amount of \$0.00 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 requestor has established that additional reimbursement of \$0.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	July 14, 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 prefieres 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.