



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Peak Integrated Healthcare

Respondent Name

Hartford Casualty Insurance Co.

MFDR Tracking Number

M4-23-2813-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

July 6, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
04/05/2023	99213	\$174.71	\$0.00
04/05/2023	99080-73	\$15.00	\$0.00
Total		\$189.71	\$0.00

Requester's Position

"The date of service was denied payment due to 'ABSENCE OF PRECERTIFICATION/PREAUTHORIZATION'. This is INCORRECT... Furthermore, there is no need for preauthorization for office visits... Please resubmit for payment."

Amount in Dispute: \$189.71

Respondent's Position

"We reviewed the bill and documentation submitted for the above claim date of service and find that the original bill was processed correctly. It was originally processed and denied in full as not authorized on 4/20/23 under control number... per the adjuster's instructions."

Response Submitted by: The Hartford Financial Services Group

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 §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §180.22](#) sets out the guidelines for health care provider roles and responsibilities.
3. [28 TAC §126.9](#) sets out choice of treating doctor guidelines.
4. [28 TAC §134.600](#) sets out the procedures for preauthorization requirements of healthcare services.

Denial Reasons

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

- AUTH – PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION. PRE-AUTHORIZATION WAS NOT OBTAINED AND TREATMENT WAS RENDERED WITHOUT THE APPROVAL OF TREATING DOCTOR.
- 309 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- 912 – WORKERS' COMPENSATION JURISDICTIONAL FEE ADJUSTMENT.

Issues

1. Is the insurance carrier's denial based on lack of approval by the treating doctor, supported?
2. Is the insurance carrier's denial based on lack of preauthorization supported?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for an office visit (CPT 99213) and a Work Status Report rendered on April 5, 2023. The insurance carrier denied the disputed services based on lack of pre-authorization, raising the issue that services were not provided or approved by the treating doctor.

Review of submitted medical records, finds that the services in dispute were rendered by Bryce Richard Kindley, D.C. Information available to the DWC finds that the approved treating doctor was Brian D. Feragotti, D.C. on the disputed date of service.

28 TAC §180.22, titled Health Care Provider Roles and Responsibilities states in pertinent part, "(c) The treating doctor is the doctor primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury. The treating doctor shall: 1) except in the case of an emergency, approve or recommend all health care reasonably required that is to be rendered to the injured employee including, but not limited to, treatment or evaluation provided through referrals to consulting and referral doctors or other health care providers, as defined in this section."

Review of submitted documents finds no record of a referral or approval from the treating doctor for the injured employee's office visit with Dr. Kindley on the disputed date of service.

Furthermore, 28 TAC §126.9, titled Choice of Treating Doctor and Liability for Payment states in pertinent part, "(d) If an injured employee wants to change treating doctors, other than exceptions as described in Texas Civil Statutes, Article 8308-4.64, or removal of the doctor from the list, the employee shall submit to the field office handling the claim, reasons why the current treating doctor is unacceptable. Unless medical necessity exists for an immediate change, the submission shall be in writing on a form prescribed by the commission..."

Review of submitted documentation finds submission of a DWC053 form, Employee Request to Change Treating Doctor, signed by the requested doctor and the injured employee, dated April 6, 2023, one day after the disputed date of service. The DWC finds that the Commissioner's approval letter for the change of treating doctor request was dated April 26, 2023.

Because the DWC053 form and the DWC's approval to change the treating doctor was granted after the disputed services were rendered, the insurance carrier's denial, based on no treating doctor approval, is supported.

2. The insurance carrier also denied the disputed date of service based on lack of preauthorization. On the disputed date, the requestor billed CPT code 99213, an outpatient evaluation and management visit, and 99080-73, Work Status Report.

Per 28 TAC §134.600 (p)(12) evaluation and management services and Work Status Reports do not require preauthorization. For this reason, the DWC finds that the insurance carrier's denial based on lack of preauthorization, is not supported.

3. The requestor seeks reimbursement in the amount of \$189.71 for services rendered on April 5, 2023.

The DWC finds that the treating doctor on record, at the time the disputed services were rendered, was Brian D. Feragotti. The request to change the treating doctor from Brian D. Feragotti to Bryce R. Kindley was requested and approved after the disputed services were rendered by Dr. Kindley. As a result, the DWC finds that reimbursement cannot be recommended for the services rendered on April 5, 2023.

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 division finds the requester has not established that reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 8, 2023

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.