



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

TME SPORTS MEDICAL & ORTHO.

**Respondent Name**

EAST TEXAS EDUCATIONAL INSURANCE

**MFDR Tracking Number**

M4-24-0009-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

August 29, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 20, 2023 through May 25, 2023	97110, and 97530	\$2,200.00	\$0.00
<b>Total</b>		\$2,200.00	\$0.00

### Requestor's Position

"Recommend patient be seen 2x/week for another 8 weeks in order to return to full function without restrictions."

**Amount in Dispute:** \$2,200.00

### Respondent's Position

"With the exception of the first 6 PT sessions within 2 weeks of the date of injury or date of surgery, all PT services require Preauthorization. TMI Physical Therapy requested Preauthorization on 2/3/2023 which was approved for 12 sessions, and covered dates of service 2/3/2023-4/4/2023. Claims Administrative Services paid 12 sessions, which included dates of service 2/8-3/28/2023. We then received physical therapy services for dates of service 4/20/2023-5/25/2023, which were all denied due to lack of Preauthorization. A request for additional physical therapy was received on 4/7/2023 but due to the UR company unable to conduct a Peer to Peer with the provider's office, the request was determined to be an adverse determination. ( copy attached) The provider was notified of this adverse determination on 4/12/2023, but proceeded to render the services anyway."

**Response Submitted by:** Claims Administrative Services, Inc.

## 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 §134.600](#) sets out the preauthorization, concurrent utilization review, and voluntary certification of health care guidelines.

### Denial Reasons

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

- 197 – Precertification/authorization/notification absent.

### Issues

1. Was the requestor required to obtain preauthorization for the physical therapy services in dispute?
2. Is the requestor entitled to reimbursement?

### Findings

1. The requestor seeks reimbursement for CPT Codes 97110 and 97530 rendered April 20, 2023 through May 25, 2023. The insurance carrier denied the disputed services due to lack of preauthorization.

28 TAC 134.600 states, "(f) The requestor or injured employee shall request and obtain preauthorization from the insurance carrier prior to providing or receiving health care listed in subsection (p) of this section. Concurrent utilization review shall be requested prior to the conclusion of the specific number of treatments or period of time preauthorized and approval must be obtained prior to extending the health care listed in subsection (q) of this section. The request for preauthorization or concurrent utilization review shall be sent to the insurance carrier by telephone, facsimile, or electronic transmission..."

A review of the paperwork that was provided by both parties supports the assertion that the requestor made a request for concurrent utilization review in an attempt to get preauthorization for the services that are under dispute. But the request for preauthorization was denied by the insurance carrier. The DWC finds that the requestor submitted insufficient documentation to support that preauthorization was obtained prior to rendering the disputed services.

2. The DWC concludes that prior authorization was required for the disputed physical therapy treatments. Reimbursement is not recommended because preauthorization was not obtained as required per 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 reimbursement is due.

## **Order**

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

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

December 15, 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](http://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 three or email [CompConnection@tdi.texas.gov](mailto: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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).