



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Bentz Physical Therapy

Respondent Name

Keller ISD

MFDR Tracking Number

M4-24-0736-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

November 28, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 28, 2023	97110 x 3	\$163.35	\$0.00
September 28, 2023	97140 x 1	\$50.43	\$0.00
Total		\$213.78	\$0.00

Requestor's Position

"Received claim denial from Sedgwick today stating: 197 – PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/AUTHORIZATION. We received payment for 3 of 6 DOS for this account but have auth from the adjustor via email for all 6 DOS...I am going to fax an appeal letter with a copy of the EOB and auth letter from the adjustor to request reprocessing of this bill... "

Amount in Dispute: \$213.78

Respondent's Position

The Austin carrier representative for Keller ISD is Sedgwick York Risk Services Group. The representative was notified of this medical fee dispute on December 5, 2023. Per 28 Texas Administrative Code §133.307 (d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response Submitted by: N/A

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 §134.203](#) sets out the fee guideline for professional medical services.
3. [28 TAC §134.600](#) sets out the preauthorization guidelines for specific treatments and services.

Denial Reasons

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

- 197 – PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/AUTHORIZATION.
- 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.
- 18 – EXACT DUPLICATE CLAIM/SERVICE.
- 2005 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

Issues

1. Is the Insurance Carrier's denial reason based on a lack of preauthorization supported?
2. Is the Requestor entitled to reimbursement for the services in dispute?

Findings

1. The services in this dispute were denied based on lack of preauthorization.

The CPT codes in dispute are described as follows:

CPT code 97110 - "Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility."

CPT Code 97140 – "Manual therapy techniques, 1 or more regions, each 15 minutes (Mobilization/manipulation, manual lymphatic drainage, manual traction)."

28 TAC §134.600 which sets out preauthorization guidelines for specific treatments and services, states in pertinent part, "(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:

- (A) Level I code range for Physical Medicine and Rehabilitation, but limited to:
- (i) Modalities, both supervised and constant attendance.
 - (ii) Therapeutic procedures, excluding work hardening and work conditioning;
 - (iii) Orthotics/Prosthetics Management;
 - (iv) Other procedures, limited to the unlisted physical medicine and rehabilitation procedure code... ”

In accordance with 28 TAC §134.600(p), DWC finds that the disputed CPT codes, 97110 and 97140, require preauthorization.

Preauthorization is defined by 28 TAC §134.600(a) as “(7) Preauthorization: a form of prospective utilization review by a payor or a payor’s utilization review agent of health care services proposed to be provided to an injured employee.”

A review of the submitted documents finds no evidence to support that a utilization review was performed or that the therapeutic procedures in dispute were preauthorized by way of a utilization review.

DWC finds that the insurance carrier’s denial based on lack of preauthorization is supported.

2. The requestor is seeking reimbursement in the total amount of \$213.78 for the disputed dates of service. DWC has established above that the therapeutic services in dispute were not preauthorized and the insurance carrier’s denial reason based on lack of preauthorization is supported. Therefore, DWC finds that the requestor is not entitled to reimbursement for the services in dispute rendered on September 28, 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.

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 reimbursement in the amount of \$0.00 for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 21, 2024
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.