



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

METDALSPL LLC

Respondent Name

City of Richardson

MFDR Tracking Number

M4-24-1497-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

March 12, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 22, 2023, June 28, 2023, and June 30, 2023	97112, 97140, and 97530	\$542.07	\$0.00
Total		\$542.07	\$0.00

Requestor's Position

"Payment has been denied for no authorization for therapy. The therapy were needed for the treatment of the [injury] which is the accepted work injury. We ask that you re-review the attached medical notes and provide a retro authorization as the services rendered were necessary."

Amount in Dispute: \$542.07

Respondent's Position

"Requestor did not include documentation of preauthorization with its DWC-60, and Requestor failed to obtain preauthorization prior to providing the services. Requestor submitted a request for retroactive pre-authorization, which was denied. See attached. The undersigned spoke with Requestor by telephone, and Requestor verbally confirmed that preauthorization was not obtained, before or after the services were provided."

Response Submitted by: White Espey, PLLC

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 general medical fee dispute resolution procedures.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.
4. [28 TAC §134.600](#) sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.

Denial Reasons

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

- 01 – The charge for the procedure exceeds the amount indicated in the fee schedule.
- 197 – Precertification/authorization notification/pre-treatment absent.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- Note: Payment denied/reduced for absence of or exceeds pre-certification and/or authorization.

Issues

Did the requestor obtain preauthorization for the services in dispute?

Findings

The dispute pertains to the non-payment of physical therapy services rendered on June 20, 2023, June 28, 2023, and June 30, 2023, billed under CPT codes 97112, 97140, and 97530.

A review of the explanation of benefits (EOBs) indicates that the insurance carrier denied the disputed physical therapy services due to lack of preauthorization.

28 TAC §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 TAC §134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

A review of the medical bills finds that the requestor billed CPT codes 97112, 97140, and 97530 rendered on June 22, 2023, June 28, 2023, and June 30, 2023.

The CPT code descriptions are as follows:

- 97112 - Therapeutic procedure, 1 or more areas, each **15** minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.
- 97140 - Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each **15** minutes.
- 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each **15** minutes.

28 TAC §134.600 (c) (1) (B) states in pertinent part, "(c) The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..."

28 TAC §134.600(p)(5) requires preauthorization for "(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."

The DWC finds that CPT Codes 97112, 97140, and 97530 required preauthorization pursuant to 28 TAC §134.600 (p)(5), and preauthorization was not obtained. As a result, reimbursement is not 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 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 services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 15, 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, 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.