



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Texas Health of Cleburne

**Respondent Name**

Public WC Program

**MFDR Tracking Number**

M4-24-1767-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

April 11, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 8, 2023	0430	Left blank	\$0.00
November 10, 2023	0430	Left blank	\$0.00
November 21, 2023	0430	Left blank	\$0.00
November 8, 2023	0430	Left blank	\$0.00
November 10, 2023	0430	Left blank	\$0.00
November 21, 2023	0430	Left blank	\$0.00
<b>Total</b>		Left blank	\$0.00

### Requestor's Position

"Attached is a copy of an EOB, UB04, an itemized statement, medical records. We are resubmitting this claim for reconsideration of medical services charged on the UB04. The initial claim was sent electronically 1/15/2024 to Texas Mutual Insurance, and a denial was issued for the following reason: 197 PAYMENT DENIED/REDUCESD [sic] FOR ABSENCE OF PRECERTIFICATION/AUTHORIZATION. An appeal was submitted and denied for the same reason."

**Amount in Dispute:** \$1,676.25

## Respondent's Position

"We have reviewed the charges in dispute and determined no payment is due. These services were processed and denied correctly based on the preauthorization results. The dates of service in dispute do not all into the criteria of six visits within two weeks following the date of injury or surgery which would override the preauthorization requirements. Therefore, preauthorization was required for the therapy services in dispute. According to our records and the utilization review information sent by the requestor, these services were not approved at the time preauthorization was requested."

**Response submitted by:** Ethos

## 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 §134.600](#) sets out the requirements of prior authorization.

### Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 197 – Payment denied/reduce for absence of precertification/authorization.
- W3 – Reconsideration
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1241 – No additional reimbursement allowed after review of appeal/reconsideration/request for second review.
- 6000 – Request for reconsideration.

### Issues

1. Is the respondent's denial supported?

Findings

1. The requestor is seeking reimbursement for occupational therapy rendered in November 2023. The insurance carrier denied the disputed services based on lack of prior authorization. DWC Rule 28 TAC §134.600 (p) (5) states in pertinent parts, "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; and

Review of the documentation submitted with this request for MFDR found a Utilization Review from ReviewMed dated November 30, 2023 that states, "...However, I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time."

Based on the above, the Division finds that prior authorization was required but not obtained for the disputed services. The insurance carrier's denial is supported. No payment is recommended.

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

May 9, 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](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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).