TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
March P. Hayes, DC

Respondent Name
National Fire Insurance Company of Hartford

MFDR Tracking Number
M4-24-2482-01

Carrier's Austin Representative
Box Number 57

DWC Date Received
July 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 3, 2024, through January 23, 2024	97799-CP	$9,600.00	$0.00
	Total	$9,600.00	$0.00

Requestor's Position

"I am writing in regard to a most recent denial of reconsideration that was submitted to the carrier back on 02/26/2024, per the original denial insurance carrier stated the physician was not authorized on this claim that is a lie. We recently did a reconsideration for the same situation with payment being made for that DOS same CPT. (Please see attached EOB). We kindly ask that this be reviewed. I believe CNA is acting in bad faith on this claim. All documentation was submitted to support the services rendered."

Amount in Dispute: $9,600.00

Respondents' Position

"Regarding CPT code 97545 [97799-CP] which was billed for Date of Services January 3, 2024, through January 23, 2024. Carrier has forwarded this to our bill review vendor, Conduent, to be reaudited. To date, Carrier has not received a response from the URA regarding this matter. At this time, Carrier maintains any and all denials as represented in the attached EORs. Upon receipt of the URA's response, Carrier will supplement."

Response Submitted by: Law Office of Brian J. Judis

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 procedures for resolving medical disputes.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee dispute
3. 28 TAC §134.600 sets out the Preauthorization, Concurrent Utilization Review, and Voluntary Certification of Health Care

Denial Reasons

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

- 193- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014- The attached billing has been re-evaluated at the request of the provider based on this re-evaluation; we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 5219 – The physician was not authorized on this claim.

Issues

1. Is the insurance carrier's denial based on reason code 5219 supported?
2. Is the requester entitled to reimbursement?

Findings

1. The dispute is over non-CARF accredited chronic pain services billed under CPT code 97799-CP and rendered from January 3, 2024, to January 23, 2024. The requestor is seeking a reimbursement of $9,600.00. The insurance carrier audited and denied the disputed services, using the previously indicated denial reduction codes.

   A review of the medical documents reveals that the requestor claims to have received preauthorization for chronic pain management services. In support of that allegation, the requestor provided a copy of a preauthorization letter issued by Genex on December 14, 2023. The preauthorization letter referred to review # 6266892 and authorized CPT 97799 for 80 hours between December 13, 2023, and April 11, 2024. The requestor billed 80 hours of chronic pain treatment services from January 3, 2024, to January 23, 2024.

A review of the medical bills (CMS-1500) reveals that the requestor billed the CPT code 97799-CP on the disputed dates of service. Box 23 on the same medical bill refers to preauthorization number 4908. An examination of the dispute reveals that, while the requester claims that preauthorization was obtained for the services in question, a copy of the preauthorization letter with review number 4908, which appears in box 23 of the CMS-1500, was not submitted for consideration in this dispute.

28 TAC 134.600 (f) states in relevant part, "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… (2) specific health care listed in subsection (p) or (q) of this section; (3) number of specific health care treatments and the specific period of time requested to complete the treatments… (6) name of the requestor and requestor's professional license number or national provider identifier, or injured employee's name if the injured employee is requesting preauthorization; (7) name, professional license number or national provider identifier of the health care provider who will render the health care if different than paragraph (6) of this subsection and if known…"

28 TAC 134.600 (p)(10) states, "chronic pain management/interdisciplinary pain rehabilitations" services require preauthorization.

28 TAC 134.600 (q)(5) states, "The health care requiring concurrent utilization review for an extension for previously approved services includes… Chronic pain management/ interdisciplinary pain rehabilitations; and…"

Medical fee dispute resolution concludes that the disputed chronic pain management services required prior authorization. The documents supplied with the DWC060 request did not include the preauthorization letter with review number 4908 referenced in box 23 of the CMS-1500. Because the requestor did not support that preauthorization was obtained, and the division is unable to ascertain if the requestor, Marcus P. Hayes, was identified as the supplier of service on the preauthorization request, the division finds that the insurance carrier's denial reason is supported.

The division concludes that the requestor has not established that reimbursement is due, consequently reimbursement is recommended in the amount of $0.00.

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 disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	March 28, 2025 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 electronico CompConnection@tdi.texas.gov.