



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Metdalspl LLC

Respondent Name

East Texas Educational Insurance Assoc

MFDR Tracking Number

M4-25-0100-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

September 12, 2024

Summary of Findings

Dates of Service	Disputed Services		Amount in Dispute	Amount Due
January 3, 2024	97530	Therapeutic activities	\$51.30	\$0.00
January 22, 2024	97140	Manual therapy	\$83.30	\$0.00
January 22, 2024	97530	Therapeutic activities	\$75.14	\$0.00
January 22, 2024	97110	Therapeutic exercise	\$44.60	\$0.00
January 24, 2024	97140	Manual therapy	\$83.30	\$0.00
January 24, 2024	97530	Therapeutic activities	\$75.14	\$0.00
January 24, 2024	97110	Therapeutic exercise	\$44.60	\$0.00
January 29, 2024	97140	Manual therapy	\$83.30	\$0.00
January 29, 2024	97530	Therapeutic activities	\$75.14	\$0.00
January 29, 2024	97110	Therapeutic exercise	\$44.60	\$0.00
Total			\$660.42	\$0.00

Requestor's Position

"Per EOB received, partial payment was received due to lack of authorization. Please note that authorization was obtained for PT services under UR# ..., and proof of authorization enclosed for review. Previous payment received totaled \$211.09. Please reprocess and remit payment due per TX work comp guidelines."

Amount in Dispute: \$660.42

Respondent's Position

"The services in question are for an Evaluation for Occupational Therapy as well as Occupational Therapy services. Payment was issued for the evaluation as this service does not require Preauthorization, however, the actual therapy services do require Preauthorization, and none was obtained. Please see attached copy of the Adverse Determination issued on 1/18/2024. It is our position that denial of the occupational therapy for lack of Preauthorization was appropriate, and no further reimbursement should be issued."

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](#)) [§133.305](#) sets out the procedures for resolving medical disputes.
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 134.1 sets out the general rules for medical reimbursement.

Denial Reasons

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

- 356 – This outpatient allowance was based on the Medicare's methodology (Part B) plus the Texas markup.
- 197 – Pre-certification/authorization/notification/pre-treatment absent.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 721 – Per rule 134.600 of the Texas Administrative Code, this procedure requires preauthorization, preauthorization not obtained.

Issues

1. Is the insurance carrier's denial supported?
2. What is the description of the services in dispute?
3. Is the requestor entitled to reimbursement?

Findings

1. This dispute pertains to the non-payment of occupational therapy services rendered on dates between January 3, 2024, and January 29, 2024, and billed under CPT codes 97530, 97140 and 97110. The requestor is seeking reimbursement in the amount of \$660.42. Using the previously mentioned denial codes, the insurance carrier audited and denied the services in dispute.

28 Texas Administrative Code §134.600 (p) (5) 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; and

(B) Level II temporary code(s) for physical and occupational therapy services provided in a home setting;

(C) except for the first six visits of physical or occupational therapy following the evaluation when such treatment is rendered within the first two weeks immediately following:

- (i) the date of injury; or
- (ii) a surgical intervention previously preauthorized by the insurance carrier;

Review of the submitted information finds that "Workers Compensation Non-Network Utilization Review Adverse Determination" dated January 18, 2024, states:

"... occupational therapy is medically necessary. However, there is no support for therapeutic ultrasound. As such, the request for Occupational Therapy Quantity: 12 (Occupational therapy 2 x a week x 6 weeks, 97110, 90718, 97140, 97350), is recommended for certification, with non-certification of 97035. However, I was unable to reach the treating physician to discuss treatment modification, **the request remains not certified at this time.**"

The requestor also included a copy of correspondence dated January 2, 2024, between United Health Services, and irodriguez indicating, "I can approve PT eval, but all PT requires preauth. Please submit to..."

The division finds that the carrier's denial of "Pre-certification/authorization/notification/pre-treatment absent" is supported.

2. The requestor seeks reimbursement for CPT codes 97530, 97140 and 97110 rendered on dates between January 3, 2024, and January 29, 2024.

The CPT code description for 97530 is "Therapeutic Activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes."

The CPT code description for 97140 is "Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes."

The CPT code description for 97110 is "Therapeutic Exercises to develop strength and endurance, range of motion and flexibility (one or more areas, each 15 minutes)."

3. The DWC finds that the occupational therapy services in dispute require preauthorization. The requestor submitted insufficient documentation to support that preauthorization was obtained for the service in dispute. 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 additional reimbursement for the disputed service.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 6, 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 electrónico CompConnection@tdi.texas.gov.