



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Humpal Physical Therapy

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-25-1426-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

February 7, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 1, 2024 – July 15, 2024	97112, 97110, 97018,	\$2,170.00	\$0.00

### Requestor's Position

Excerpt from appeal dated December 31, 2024: "I am writing to appeal denial of payment for physical therapy visits, which was denied on the grounds of 'no prior authorization.' At the time of service, we received a verbal authorization from the adjuster, ..., approving up to 8 visits for physical therapy. Based on this approval we proceeded with care under the assumption that the services were fully approved."

**Amount in Dispute:** \$2,170.00

### Respondent's Position

"To date, there have been no preauthorization requests for physical therapy services for the date ranges of 07/01/2024 – 07/15/2024 as required per rule 134.600(p) listed above. As such, the dates of service were denied for lack of preauthorization... The HCP is seemingly indicating verbal approval was received from the adjuster. However, the adjuster is not licensed as a UR agent and cannot make a determination on services listed under 134.600(p). Furthermore, the insurance carrier must send written notification of approval of the request. No such determination is included in the MFDR packet... the requestor is entitled to \$0.00 reimbursement."

**Response Submitted by:** Corvel

## 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 payment for the disputed services with the following claim adjustment codes:

- 197 - Payment adjusted for absence of precert/preauth
- GP - Service delivered under OP PT care plan
- CQ - Outpatient PT svcs furnished by a PT assistant
- W3 - Appeal/ Reconsideration

### Issues

1. Is the Insurance Carrier's denial reason based on preauthorization supported?
2. Is the Requestor entitled to reimbursement?

### Findings

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

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;... "

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 97712 – “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.”

CPT code 97018 – “Application of a modality to 1 or more areas; paraffin bath.”

In accordance with 28 TAC §134.600(p), DWC finds that the disputed CPT codes, 97110, 97112, and 97018 require preauthorization.

A review of the submitted documents finds no evidence of either written preauthorization or documentation of verbal preauthorization for the services in dispute, rendered July 1, 2024, through July 15, 2024.

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

2. The requestor is seeking reimbursement in the amount of \$2,170.00 for disputed therapeutic services rendered July 1, 2024, through July 15, 2024. Because the insurance carrier’s reason for denial based on lack of preauthorization is supported, reimbursement is not recommended.

DWC finds that the requestor is not entitled to reimbursement for the services in dispute.

### 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 additional 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 services.

### **Authorized Signature**

_____	_____	March 27, 2025
Signature	Medical Fee Dispute Resolution Officer	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).