



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

TEXAS UNITED ANESTHESIA

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-16-2394-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

April 11, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Claim was denied for no pre-authorization, surgeon provided pre auth # of 11063341 and corrected claim was filed to Teras Mutual Insurance, they continue to deny."

Amount in Dispute: \$1,120.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requester provided anesthesia for an outpatient surgical procedure to the right foot. Texas Mutual reviewed its claim file and found no preauthorization for a procedure on 8/11/15. The requester provided authorization number 11063341. This preauthorization number is for an outpatient procedure of the right foot to be done between 8/19/15 and 9/19/15. (Attachment) Finally, no evidence was provided the surgery was done as a medical emergency. No payment is due absent preauthorization."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 11, 2015	CPT Code 01480-QZ	\$1,120.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.600, effective July 1, 2012, requires preauthorization for specific treatments and services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-197-Precertification/authorization/notification basent.
 - 785-Service rendered is integral to service requiring preauthorization. Preauthorization not sought/approval not obtained for that service.'
 - CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.

- CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 724-No additional payment after a reconsideration of services.
- CAC-18-Duplicate claim/service.

Issues

Does a preauthorization issue exist? Is the requestor entitled to reimbursement?

Findings

According to the explanation of benefits, the respondent denied reimbursement for the disputed anesthesia services based upon a lack of preauthorization.

28 Texas Administrative Code §134.600(p)(2) states “outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section.”

The requestor billed for anesthesia services to the lower leg bone, code 01480-QZ.

The requestor contends that reimbursement is due because “surgeon provided pre auth # of 11063341.”

The respondent continues to deny payment based upon “Texas Mutual reviewed its claim file and found no preauthorization for a procedure on 8/11/15. The requestor provided authorization number 11063341. This preauthorization number is for an outpatient procedure of the right foot to be done between 8/19/15 and 9/19/15. (Attachment).” In support of the position, the respondent submitted a copy of the preauthorization report that supports preauthorization was obtained for outpatient procedure to the right foot with a start date of 08/19/15 and end date of 09/19/15.

28 Texas Administrative Code §134.600(l)(2) states, “The insurance carrier shall not withdraw a preauthorization or concurrent utilization review approval once issued. The approval shall include: (2) the approved number of health care treatments and specific period of time to complete the treatments.”

The Division reviewed the preauthorization report dated August 19, 2015, and finds that the disputed services were performed prior to the preauthorization approval. The requestor failed to submit any documentation to support preauthorization was obtained for the disputed date of service. As a result, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	04/29/2016 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.