



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

CHRISTUS HEALTH

MFDR Tracking Number

M4-19-5107-01

MFDR Date Received

August 5, 2019

Respondent Name

TEXAS PUBLIC SCHOOL WC PROJECT

Carrier's Austin Representative

Box Number 01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CHRISTUS Health reviewed all medical records and insurance correspondence related to this account which showed authorization was not given until 02/12/2019 and date of service was 02/11/19. Authorization was approved until 3/22/19. CHRISTUS Health respectfully requests Texas Dept. of Insurance – Worker's Compensation to reverse their initial denial determination and reconsider retro-auth."

Amount in Dispute: \$10,886.22

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CRF's utilization review agent, Injury Management Organization (IMO), preauthorized surgery for a fracture to the lower end of the left wrist on February 12, 2019. This was one day after the surgery in question had already occurred. Consequently, in the absence of any credible evidence that Christus received preauthorization to perform surgery before February 11, 2019, it is not entitled to reimbursement from CRF."

Response Submitted by: Creative Risk Funding

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
February 11, 2019	Outpatient Facility Services	\$10,886.22	\$0.00

FINDINGS AND DECISION

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

Background

- 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
- 28 TAC §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 284 – Precertification/authorization/notification/pre-treatment number may be waived but does not apply to the billed services
 - Notes: Medical records have not been received; preauthorization not given until 02.12.2019
 - 150 – Payer deems the information submitted does not support this level of service
 - 198 – Payment denied/reduced for exceeded precertification/authorization

Issues

1. Did the requestor obtain preauthorization in accordance with 28 TAC §134.600?
2. Is the requestor entitled to reimbursement for the services in dispute?

Findings

1. The requestor billed for outpatient facility charges rendered on February 11, 2019. The insurance carrier denied the disputed services for lack of preauthorization, indicated with reduction codes; 284 and 198.

28 TAC §134.600 (f)(9) states, "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. The request for preauthorization or concurrent utilization review shall be sent to the insurance carrier by telephone, facsimile, or electronic transmission and, include the... (9) estimated date of proposed health care..."

28 TAC §134.600 (p)(2) states, "Non-emergency health care requiring preauthorization includes... outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section..."

28 TAC §134.600 (c) (1) (B) states in pertinent part, "(c) The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..."

The DWC finds that the requestor submitted a preauthorization request on February 8, 2019, the insurance carrier issued a preauthorization determination on February 12, 2019 and provided a date span to complete the preauthorized services from 02/12/19 to 03/14/19. The DWC finds that the requestor did not obtain preauthorization from the insurance carrier prior to providing the disputed healthcare, as required by 28 TAC §134.600. As a result, the DWC finds that the requestor is not entitled to reimbursement for the disputed services.

2. Review of the submitted documentation finds that the requestor submitted insufficient documentation to support that the disputed date of service, February 11, 2019 was preauthorized prior to providing the services. As a result, reimbursement cannot be recommended for the outpatient services in dispute.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that 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 TLC §413.031, the DWC has determined that the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	September 20, 2019 Date
-----------	--	----------------------------

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 TAC §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 DWCO45M** in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 TAC §141.1(d).

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