



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

NEURORESTORATIVE

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-20-2259-01

Carrier's Representative Box #

54

MDR Received Date

May 12, 2020

Response Submitted by:

Texas Mutual Insurance Company

REQUESTOR'S POSITION SUMMARY

"The reason provided by Texas Mutual insurance company that the services were denied appears to be lack of pre-authorization... Leading up to the expiration of the initial pre-authorization date, the patient had an external case manager assigned who for whatever reason did not forward the emails and request for additional pre-authorization to the appropriate adjuster with Texas Mutual. On the day, the initial pre-authorization was set to expire, Neurorestorative had a conversation with a n adjuster with Texas Mutual named Alma. Alma expressed verbally that she understood that treatment was to continue and that she agreed to authorize the treatment. A pre-authorization request for extension was sent to Alma at that time. Several days later having received no response, Neurorestorative re-faxed the authorization request. The billing department was contacted by another employee of Texas Mutual Insurance Company who indicated that adjusters do not provide authorization for services and that the pre-authorization needed to be sent to the 'authorization line'. The authorization request was subsequently sent to the correct location and the additional therapy was pre-authorized. Because of the delay and confusion in sending the pre-authorization to the correction location, it appears that Texas Mutual Insurance Company has taken the position that services rendered from May 18, 2019 through June 5, 2019 are denied as not being pre-authorized."

RESPONDENT'S POSITION SUMMARY

"Texas Mutual issued payment for DOS 4/16/19-5/16/2019 and 6/6/2019-6/30/2019, there was a lapse in preauthorization for 14 days. New preauthorization became effective 6/6/2019... The Letter of Agreement signed by both parties Neurorestorative and Texas Mutual it states that payment is contingent upon preauthorization being obtained as noted in the letter... The facility alleges that the adjuster Alma approved treatment for dates of service with lapse, however per claim file there is no documentation or notes from the adjuster regarding any approvals for treatment. Services rendered require preauthorization, the facility did not obtain concurrent preauthorization, no additional payment is due."

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
May 18, 2019 through June 5, 2019	Revenue Code 101	\$24,700.00	\$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

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 711 – No preauth for dates of service. Preauth #15842661 effective 6/6/19
 - 711 – Length of stay exceeds number of days previously preauthorized

Issues

1. Did the requestor obtain preauthorization for the disputed services?
2. Is the requestor entitled to reimbursement for the disputed services?

Findings

1. The requestor seeks reimbursement for inpatient rehab services rendered on May 18, 2019 through June 5, 2019. The insurance carrier denied the disputed services with denial reduction code “711” (description provided above).
 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...”
 28 TAC §134.600 (p) (1) states “(p) Non-emergency health care requiring preauthorization includes: (1) inpatient hospital admissions, including the principal scheduled procedure(s) and the length of stay.”
 28 TAC §134.600 (q)(1) states, “(q) The health care requiring concurrent utilization review for an extension for previously approved services includes: (1) inpatient length of stay.”
 Review of the submitted documentation finds that that the requestor obtained preauthorization for service dates prior to May 18, 2019 and for service dates after June 5, 2019. The DWC finds that the requestor submitted insufficient documentation to support that concurrent review was requested and approved prior to rendering dates of service May 18, 2019 through June 5, 2019. As a result, the DWC finds that reimbursement cannot be recommended for the inpatient rehab services.
2. For the reasons noted above, the DWC finds that the requestor did not meet the preauthorization requirements, and as a result, \$0.00 is recommended.

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	Date
-----------	--	------

June 3, 2020

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 DWC045M** 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.