

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Hermann
Specialty Hospital

Respondent Name

TX Public School WC Project

MFDR Tracking Number

M4-21-2372-01

Carrier's Austin Representative

Box Number 1

DWC Date Received

August 16, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 7, 2021	26320-RT	\$2,815.86	\$0.00
	Total	\$2,815.86	\$0.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$2,815.86

Respondent's Position

The crux of this medical fee dispute is that Memorial Hermann preauthorized one CPT code and billed a different code on two occasions. Then it change its bill make it a "new" bill for purposes of Rule §133.20. However, as Memorial Hermann submitted the corrected bill more than 95 days after the service in question, CRF is not liable for payment.

Response Submitted by: Creative Risk Funding

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the fee guidelines for submission of medical bills.
3. 28 TAC §134.600 sets out the requirements for prior authorization of medical services.

Denial Reasons

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

- 197- Payment denied/reduced for absence of precertification/authorization
- 284 – Precertification/authorization/notification/pre-treatment number may be valid but does not apply to the billed services
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly

Issues

1. Is the insurance carrier's denial based on lack of pre-authorization supported?
2. Is requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of Code 26320 for date of service January 7, 2021. Review of the submitted medical claim found a billing date of July 1, 2021.

The submitted documentation also contained a bill with a billing date of January 13, 2021, for Code 20680.

The bill submitted timely for Code 20680 was denied for lack of preauthorization. DWC Rule 28 TAC 134.600 (p) (2) states in pertinent part non-emergency health care requiring preauthorization includes outpatient surgical or ambulatory surgical services. The respondent submitted a copy of the pre-authorization letter dated January 6, 2021, for Code 26320. The insurance carrier's denial for lack of pre-authorization for Code 20680 is supported.

The bill submitted for Code 26320 was submitted with a billing date of July 1, 2021. 28 TAC §133.20 (b) states in pertinent part a health care provider shall not submit a medical bill later than the 95th day after the date of services are provided unless an exception found in Labor

Code 408.0272(b), (c) or (d) exists. Satisfactory proof of an erroneously filed claim with a group health insurance, health maintenance organization, or workers' compensation carrier other than the insurance carrier liable for the payment of benefits must be submitted with the bill to the correct workers' compensation carrier.

- 2. Insufficient evidence of any exception was found. No payment is 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.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is [not] entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 7, 2021

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, please 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.

