



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MHHS HERMANN HOSPITAL

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-22-0182-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

September 28, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 19, 2020 through October 22, 2020	Inpatient Facility Charges	\$86,207.00	\$0.00
Total		\$86,207.00	\$0.00

Requestor's Position

"Authorization was obtained for out-patient surgery for hernia repair for 10/19/2020 with an authorization number of 16509543. The patient presented to the hospital on 10/19/2020 for his surgery. On 10/21/2020, the hospital notes show a status change for patient from outpatient to inpatient. On 10/23/2020, a Memorial Hermann employee, Steven, contacted Texas Mutual regarding authorization for the inpatient stay. They were advised to make a concurrent length of stay request by fax, to the attention of Misti. Per notes he stated he will fax the facesheet to the number provided. No additional notes after that date regarding authorization."

Amount in Dispute: \$86,207.00

Respondent's Position

"Texas Mutual maintains its position of the denied bill as services rendered were not preauthorized for inpatient stay and exceeded the outpatient preauthorization for 1 day. No payment is due."

Response Submitted by: Texas Mutual Insurance Company

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 §134.600 sets out the preauthorization, concurrent review procedures
3. 28 TAC §134.403 sets out the fee guidelines for outpatient facility services.
4. 28 TAC §134.404 sets out the fee guidelines for inpatient facility services.

Denial Reasons

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

- A15 - THE REIMBURSEMENT FOR HEALTH CARE SERVICES ARE SUBJECT TO TEXAS STAR NETWORK CONTRACTS. A CERTIFIED WC HCN (INS CODE CH 1305)
- CAC-W3 - IN ACCORDANCE WITH TDI-DWC RULE 134 804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL
- CAC-131 - CLAIM SPECIFIC NEGOTIATED DISCOUNT.
- CAC-193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- CAC-198 – PRECERTIFICATON/AUTHORIZATION EXCEEDED.
- 350 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 711 - LENGTH OF STAY EXCEEDS NUMBER OF DAYS PREVIOUSLY PREAUTHORIZED
- 891 - NO ADDITIONAL PAYMENT AFTER RECONSIDERATION

Issues

Did the requestor obtain preauthorization for the disputed inpatient services?

Findings

The requestor seeks reimbursement for inpatient services rendered on October 19, 2020 through October 22, 2020. The UB-04 documents the bill type as 111 (inpatient services).

The insurance carrier denied the disputed services with reason codes 198 and 711 (description provided above.)

The requestor states that preauthorization was obtained for date of service 10/19/20, outpatient services. The requestor did not include a copy of the preauthorization letter with the DWC060 request.

All services rendered on October 19, 2020 through October 22, 2020 were denied for lack of preauthorization.

Per 28 TAC §134.600(c), effective May 2, 2006, 31 Texas Register 3566, states, in pertinent part, that "The 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: (A) an emergency, as defined in Chapter 133 of this title (relating to General Medical Provisions); (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care; (C) concurrent review of any health care listed in subsection (q) of this section that was approved prior to providing the health care."

Per 28 TAC §134.600(p), "Non-emergency health care requiring preauthorization includes: (1) inpatient hospital admissions, including the principal scheduled procedure(s) and the length of stay..."

Per 28 TAC §134.600(q), "The health care requiring concurrent review for an extension for previously approved services includes: (1) inpatient length of stay."

No documentation was found to support a medical emergency. Review of the submitted documentation finds that the health care provider did obtain preauthorization for disputed dates of service October 19, 2020 through October 22, 2020. No documentation was found to support that the health care provider obtained an extension for previously approved services including the length of stay.

The requestor asserts that "They were advised to make a concurrent length of stay request by fax, to the attention of Misti. Per notes he stated he will fax the facesheet to the number provided. No additional notes after that date regarding authorization."

The respondent contends that "The adjuster cannot approve preauthorization."

Per §134.600(f) "Concurrent 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 review shall be sent to the carrier by telephone, facsimile, or electronic transmission."

Per §134.600(j) "The carrier shall send written notification of the approval or denial of the request within one working day of the decision..."

- No documentation was submitted to support that a request for concurrent review had been sent to the insurance carrier.
- No documentation was presented to support that the insurance carrier had approved the request for concurrent review.
- No documentation was found to support that the hospital obtained approval for an extension of the length of stay prior to providing the disputed services.

The insurance carrier's denial reason is supported. Reimbursement for dates of service October 19, 2020 through October 22, 2020 is not 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 reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services.

Authorized Signature

		December 3, 2021
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. 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.