

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

St Joseph Medical Center

Respondent Name

Association Casualty Insurance Co

MFDR Tracking Number

M4-22-0448-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

October 27, 2021

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|----------------------|-------------------|------------|
| May 7, 2021 | Outpatient Procedure | \$3,962.53 | \$0.00 |
| | Total | \$3,962.53 | \$0.00 |

Requestor's Position

This bill has been denied due to lacking authorization. The physician office advised that this procedure is considered emergent.

Amount in Dispute: \$3,962.53

Respondent's Position

It is the Carrier's position the services provided on 05-07-2021 were not related to an emergency, as defined by 28 TAC 133.2(5), and therefore required pre-authorization as required by 28 TAC 134.600.

Response submitted by: Hoffman Kelley Lopez LLP

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 §133.2 defines emergency.
3. 28 TAC §134.600 sets out the requirements of prior authorization.

Denial Reasons

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

- 95 – Plan procedures not followed
- U01 – There was no UR procedure/treatment request received

Issues

1. Is the insurance carrier's denial based on lack of authorization supported?

Findings

1. The requestor is seeking reimbursement of outpatient hospital services rendered in May 2021. The insurance carrier denied based on lack of prior authorization. The requestor states the services were emergent and did not require prior authorization.

DWC rule 28 TAC 134.2 (5) (A) states in pertinent part a medical emergency is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health or bodily functions in serious jeopardy, or serious dysfunction of any body organ or part.

Review of the submitted medical record found the patient was seen in the physician's office on April 30, 2021. The surgery was not performed until May 7, 2021. The submitted record does not support the onset of the condition was sudden. The submitted history and physical documents the pain as moderate. The definition of emergency is not supported by the submitted documentation.

DWC 134.600 (p)(2) states in pertinent non-emergency health care requiring preauthorization includes outpatient surgical or ambulatory services. Insufficient evidence was found to support the requestor obtained the required authorization. The insurance carrier's denial is supported. 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

December 20, 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.