



## **Medical Fee Dispute Resolution Findings and Decision General Information**

**Requestor Name**

St Joseph Medical Center

**Respondent Name**

Federal Insurance Co

**MFDR Tracking Number**

M4-22-0452-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

October 27, 2021

### **Summary of Findings**

| <b>Dates of Service(s)</b> | <b>Disputed Services</b> | <b>Amount in Dispute</b> | <b>Amount Due</b> |
|----------------------------|--------------------------|--------------------------|-------------------|
| April 2, 2021              | Outpatient Surgery       | \$5,664.66               | \$0.00            |
| <b>Total</b>               |                          | <b>\$5,664.66</b>        | <b>\$0.00</b>     |

### **Requestor's Position**

"Per pg. 51 of the MR, it states that worker's medical condition was determined to be a medical emergency. Per TX fee schedule, preauthorization is not required if the patient's medical condition is emergent in nature. Please reprocess bill. The EOB also mentions Timely Filing. The Jopari EOB shows that the initial bill was processed 5/19/2021."

**Amount in Dispute:** \$5,664.66

### **Respondent's Position**

The Austin carrier representative for Federal Insurance Company is Downs Stanford, P.C. Federal Insurance Company was notified of this medical fee dispute on November 9, 2021. 28 TAC §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

## 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 requirements of prior authorization.
3. 28 TAC §133.2 defines emergency.

### Denial Reasons

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

- 197 – Precertification/authorization/notification absent
- 234 – This procedure is not paid separately
- P14 – The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day

### Issues

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

### Findings

The requestor billed for CPT outpatient services rendered on April 2, 2021. The insurance carrier denied the service in dispute with reduction code 197 (description provided above.)

The requestor indicates that the service in dispute was an emergency and therefore not subject to preauthorization.

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

28 TAC §134.600 states, "(c) The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (s) 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..."

The requestor states the disputed services were a result of an emergent situation. 28 TAC §133.2 (5)(A) defines a medical emergency as 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.

The requestor submitted insufficient documentation to support their argument that the services rendered were a medical emergency as defined by 28 TAC §133.2. As a result, the submitted medical records do not meet the definition of emergency and the dispute is not eligible for review. The DWC finds that the requestor submitted insufficient documentation to meet the definition of 28 TAC §133.2 (5)(A). As a result, reimbursement cannot be recommended for the outpatient services rendered on April 2, 2021.

### 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.

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

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

### **Authorized Signature**

|           |  |                   |
|-----------|--|-------------------|
| _____     | _____                                  | February 11, 2022 |
| 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).