

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TEXAS HEALTH FORT WORTH

Respondent Name

LM INSURANCE CORP

MFDR Tracking Number

M4-23-0157-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

September 19, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 28, 2021	Inpatient Facility Charges	\$155,981.13	\$0.00
	Total	\$155,981.13	\$0.00

Requestor's Position

"When the patient presented to our facility, they were admitted to our facility inpatient from the emergency department as referenced in the attached medical record due to an on-the-job injury... We attempted pre-authorization and have attached a voice conversation transcript as proof of our conversation with Matt Barlow attempting authorization of the services. I have attached a complete claim and request you please review and reprocess our claim for the full payment as established by Texas fee schedules."

Amount in Dispute: \$155,981.13

Respondent's Position

"We have again reviewed services from December 28, 2021, thru January 13, 2022, and the denial for the admission stands as Pre-authorization was not requested for this admission as the gallbladder removal surgery is not considered Emergency and would have required UM approval. Denial 5917 is correct: Pre-authorization was required, but not requested for this service per DWC Rule 134,600."

Response Submitted by: Liberty Mutual

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 Preauthorization, Concurrent Utilization Review, and Voluntary Certification of Health Care.
3. 28 TAC §133.2 sets out the definitions for general rules for medical billing and processing.

Denial Reasons

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

- 5917-Pre-authorization was required, but not requested for the services per DWC 134.600.
- 195-Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- X598-Claim has been re-evaluated based on additional documentation submitted; no additional payment due.

Issues.

1. Is the Insurance Carrier's denial reason supported?
2. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for an inpatient service rendered on December 28, 2021. The insurance carrier denied the inpatient services due to lack of preauthorization.

28 TAC §134.600 (p)(1) states, "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 (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: (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..."

Review of the submitted documentation supports that the healthcare provider, Maxim Pekarev, requested, and received preauthorization for the professional services on December 27, 2021. The inpatient facility services were rendered at facility Texas Health Fort Worth on December 28, 2021. The DWC finds that the facility, Texas Health Fort Worth, did not submit documentation to support that a separate preauthorization was attempted and obtained by the facility prior to rendering the services, now in dispute.

Per 28 TAC §133.2, "The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise...(5) Emergency--Either a medical or mental health emergency as follows: (A) 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: (i) placing the patient's health or bodily functions in serious jeopardy, or (ii) serious dysfunction of any body organ or part..."

Review of the submitted documentation finds insufficient documentation to meet the requirements of 28 TAC §133.2, as a result, the requestor was required to obtain prior approval for the inpatient services rendered on December 28, 2021. The DWC therefore finds that the insurance carrier's denial reason is supported.

- 2. The DWC finds that the requestor submitted insufficient documentation to support that preauthorization was obtained prior for the facility charges prior to rendering the services in dispute. As a result, reimbursement 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. The 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 not entitled to reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 12, 2022
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).