

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Crescent Medical Center

Respondent Name

Hartford Casualty Insurance Co

MFDR Tracking Number

M4-23-0307-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 5, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
07/22/22-07/25/22	IP Surgery DRG 454	\$43,104.56	\$0.00
07/22/22-7/25/22	Implants Rev 0278	\$63,481.00	\$0.00
Total		\$106,585.56	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR.

Amount in Dispute: \$106,585.56

Respondent's Position

"The bill in question was processed on 9/16/22 under control number 218471154 and denied as not approved per the adjuster instructions. The auth was only valid thru 07/24/2022 and they kept him inpatient longer than was approved."

Response submitted by: The Hartford Financial Services, Group, Inc.

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.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 96 – Non-covered charges
- NABA- Reimbursement is being withheld as the treating doctor and/or services rendered were not approved based upon handler review.

Issues

1. Did the requestor receive prior authorization?

Findings

1. The requestor is seeking reimbursement for an inpatient hospital stay that included surgery with the use of implants. The insurance carrier denied stating authorization was denied.

Review of the submitted medical bill found DRG 454 – Combined anterior/posterior spinal fusion with CC was the principal procedure with services beginning on July 22, 2022 and ending July 25, 2022.

Per 28 TAC §134.600(c), states, in pertinent part, 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."

DWC Rule 134.600 (p) (1) states in pertinent part, non-emergency health care that requires pre-authorization includes inpatient hospital admissions, including the principal scheduled procedures(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 May 24, 2022, through July 24, 2022.

No documentation was found to support that the health care provider obtained an extension for previously approved services including the length of stay.

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."

Review of the submitted documentation found insufficient evidence to support that a request for concurrent review had been sent to the insurance carrier, the insurance carrier had approved the request for concurrent review, or that the hospital obtained approval for an extension of the length of stay.

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

April 27, 2023
Date

Greg Arendt
Signature

Greg Arendt
Director of Medical Fee Dispute
Resolution

April , 2023
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.