



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Methodist Dallas Medical Center

Respondent Name

Ace American Insurance Co

MFDR Tracking Number

M4-23-2129-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

April 27, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 12, 2022	49585	\$14,893.50	\$0.00
December 12, 2022	49650	\$14,893.50	\$0.00
Total		\$29,787.00	\$0.00

Requestor's Position

"This bill and appeal have been underpaid."

Amount in Dispute: \$29,787.00

Respondent's Position

"Corvel Corporation is both the Bill Review agent the licensed Utilization Review Agent (URA) for Chubb/Ace American Insurance Co. To date, there have been no requests for a surgical procedure; claim/claimant. The Requestor has indicated that the surgeon obtained preauthorization for the surgical procedure, however, the Requester did not include a copy of the authorization with this MFDR request. Additionally, there has been no bill submitted for payment from the surgeon or any of the ancillary providers for DOS 12/12/2022."

Response submitted by: Corvel

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 guidelines for prior authorization.

Denial Reasons

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

- 197 – Payment adjusted for absence of precert/preauth

Issues

1. Is prior authorization required for disputed services?

Findings

1. The requester is seeking reimbursement for outpatient hospital services rendered in December of 2022. The insurance carrier denied the services as not being prior authorized.

DWC Rule 28 TAC §134.600 (p) (2) states in pertinent part, "Non-emergency health care requiring preauthorization includes outpatient surgical or ambulatory surgical services." Review of the submitted documentation found insufficient evidence to support that a prior authorization was requested or received for the disputed services. 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 requester is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 31, 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.