



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

HYDE PARK SURGERY CENTER

**Respondent Name**

EXECUTIVE RISK INDEMNITY

**MFDR Tracking Number**

M4-24-0405-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

October 18, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 27, 2023	26356 x 2, and 64831	\$5,625.57	\$0.00
<b>Total</b>		\$5,625.57	\$0.00

### Requestor's Position

"On 8/2/23 our facility received a phone call from the patient asking us to file his claim on his workers comp insurance. We received a letter from Chubb dated 8/11/23 that states the patient was involved in a work related accident and at the time of the injury patient was not aware that his injury was covered under the Workers Compensation Act. In this letter our facility was asked to rebill his claims associated with his date of injury on (redacted) to Chubb for processing. We feel the denial is incorrect since we were not aware of his situation."

**Amount in Dispute:** \$5,625.57

### Respondent's Position

"Corvel Corporation is both the Bill Review agent the licensed Utilization Review Agent (URA) for Chubb/ Executive Risk Indemnity. To date, there have been no requests for preauthorization of a surgical procedure for this claim/claimant..."

**Response Submitted by:** CorVel

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.600](#) sets out the preauthorization, concurrent utilization review, and voluntary certification of health care guidelines.

### Denial Reasons

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

- 197 – Payment adjusted for absence of precert/preauth.
- SG – Ambulatory Surgical Center (ASC) Facility Service.
- F7 – Right Hand, third digit.

### Issues

1. What rule(s) apply to the reimbursement of the disputed service?
2. Is the requestor entitled to reimbursement?

### Findings

1. The requestor seeks reimbursement for Ambulatory Surgical Center Facility fees rendered on June 27, 2023. The insurance carrier denied the disputed services due absence of precertification/preauthorization.

A review of the documentation contained in the dispute finds that the requestor did not submit documentation to support that preauthorization was obtained for the ASC services rendered on June 27, 2023.

28 TAC §134.600 states, "(f) The requestor or injured employee shall request and obtain preauthorization from the insurance carrier prior to providing or receiving health care listed in subsection (p) of this section. Concurrent utilization 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..."

28 TAC §134.600 (p)(2), 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 (c)(1)(B), states, "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... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..."

A review of the documentation provided by both parties does not support that preauthorization was obtained prior to rendering the disputed services. As a result, reimbursement cannot be recommended.

2. The DWC concludes that prior authorization was required for the disputed services and was not obtained. As a result, the requestor is not entitled to reimbursement for the ASC services rendered on June 27, 2023.

### 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 requestor has not established that reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, the DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	January 12, 2024
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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).