



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health HEB

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-24-0523-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 1, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 4, 2023	0450	\$272.04	\$0.00
Total		\$272.04	\$0.00

Requestor's Position

"Our calculations are based on the Medicare outpatient rates for CPT code 99282, which is \$136.02 and the outpatient work comp multiplier is 200% without separate implant reimbursement per rule 134.403... and the total work comp fee schedule allowance is \$272.04."

Amount in Dispute: \$272.04

Respondent's Position

The Austin carrier representative for Zurich American Insurance Co is Flahive, Ogden and Latson. The representative was notified of this medical fee dispute on November 7, 2023

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response submitted by: N/A

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 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.600](#) sets out the prior authorization requirements for outpatient hospital services.
3. [28 TAC §133.2](#) defines emergency.

Denial Reasons

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

- – This service was not pre-authorized in conformance with TWCC Rule 134.600.
- 193 – Original payment decision is being maintained. Upon review, it was determined that his claim was processed properly.

Issues

1. Is the respondent's denial supported?

Findings

1. The requestor is seeking reimbursement of outpatient hospital emergency room services rendered in May of 2023. The insurance carrier denied the services at the time of the original adjudication and reconsideration as not being prior authorized.

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

An exception to prior authorization requirement is defined in DWC Rule 28 TAC §134.600 (c)(2)

(A) 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."

DWC Rule 28 TAC §133.2 (5) (A) states, (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 does not support the injured workers' treatment meets the definition of an emergency. The insurance carrier's denial for this non-emergency health care due to lack of prior authorization 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 reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 31, 2024
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.