TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name
Doctors Hospital at Renaissance

Respondent Name
Zurich American Insurance Co.

MFDR Tracking Number
M4-24-1363-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
February 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 8, 2023, through September 14, 2023	DRG 872	$13,467.54	$0.00

Requester's Position

Excerpt from request for reconsideration letter: "After reviewing the account we have concluded that reimbursement received was inaccurate. WCERA_WORKERS' COMPENSATION EXPECTED REIMBURSEMENT AMOUNT - DRG 872- $9,417.86 (143%) = ERA $13,467.54. The reimbursement amount should be $13,467.54. Payment received was only $0.00…"

Amount in Dispute: $13,467.54

Respondent's Position

"The provider was required under rule 134.600(p) to request and secure preauthorization prior to the inpatient hospitalization… The provider simply failed to request and obtain preauthorization approval for the services in question. Since those services required preauthorization and since preauthorization was not requested and obtained, the carrier is not liable for the services in question. The provider is not entitled to any reimbursement."

Response Submitted by: Flahive, Ogden & Latson.

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 procedures for preauthorization requirements of healthcare services.

Denial Reasons

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

- 197 - PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRETREATMENT ABSENT.
- P13 – PAYMENT REDUCED OR DENIED BASED ON WORKERS' COMPENSATION JURISDICTIONAL REGULATIONS OR PAYMENT POLICIES.
- W3 - IN ACCORDANCE WITH TDI -DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

Issues

1. Is the insurance carrier's denial, based on lack of preauthorization, supported?
2. Is Doctors Hospital at Renaissance entitled to reimbursement?

Findings

1. The requestor, Doctors Hospital at Renaissance, billed the insurance carrier for inpatient hospital services rendered September 8, 2023, through September 14, 2023. A review of the submitted explanation of benefits (EOB) documents finds that the insurance carrier denied reimbursement for the inpatient hospital services based on lack of preauthorization.

   DWC finds that 28 TAC §134.600 applies to the services in dispute.

   28 TAC §134.600 (p)(1) states in pertinent part "(p) Non-emergency health care requiring preauthorization includes: inpatient hospital admissions, including the principal scheduled procedure(s) and the length of stay…"

   The requestor has the burden to prove that the dates of service in dispute were emergency care for the insurance carrier to be liable for inpatient hospital admissions without preauthorization.

   DWC concludes that the provider failed to meet its burden of proof to establish that the dates of service in dispute were emergency care. TAC §133.307(c)(2)(N) requires a position

statement including: (i) the requestor's reasoning for why the disputed fees should be paid or refunded, (ii) how the Labor Code and DWC rules, including fee guidelines, impact the disputed fee issues, and (iii) how the submitted documentation supports the requestor's position for each disputed fee issue. The requestor's position statement did not explain how the care provided on the disputed dates of service were emergency care. Therefore, DWC finds that preauthorization was required for the services in dispute.

A review of the submitted documentation finds no evidence that preauthorization of inpatient services or procedure was requested or obtained by Doctors Hospital at Renaissance.

DWC finds that the denial reason of the disputed services, based on lack of preauthorization, is supported.

2. The requestor, Doctors Hospital at Renaissance, is seeking reimbursement in the amount of $13,467.54 for inpatient hospital services rendered on dates of service September 8, 2023, through September 14, 2023.

   Because the insurance carrier's denial reason based on lack of preauthorization is supported, DWC finds that the requestor is not entitled to reimbursement.

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 that the requestor has not established that reimbursement is due.

Order

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

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	October 24, 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 electronico CompConnection@tdi.texas.gov.