



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Doctors Hospital at Renaissance

Respondent Name

Texas Mutual Insurance

MFDR Tracking Number

M4-15-2793-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

April 29, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to TWCC guidelines, Rule §134.403 states that the reimbursement calculation used for establishing the MAR shall be by applying the Medicare facility specific amount."

Amount in Dispute: \$3,382.26

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...reimbursement should be \$7206.82. Payment received was only \$6115.46, thus, according to these calculations; there is a pending payment in the amount of \$1091.36. ...Because the codes in dispute are those packaged under OPPS and because they were not billed separately under bill type 14X, Texas Mutual declined to issue payment. ...The requestor billed 25 units of code 96365 and 13 units of 96367. The 2014 AMA CPT, p. 593, states code 96365 is billed, up to 1 hour. Further, the Medically Unlikely Edits also indicates reflects code 96365 is a 1 line edit per the code descriptor / CPT instruction."

Response Submitted by: Texas Mutual Insurance

SUMMARY OF FINDINGS

Table with 4 columns: Date(s) of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: December 19 - 31, 2014, Outpatient Hospital Services, \$3,382.26, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the fee guidelines for outpatient acute care hospital services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
- 618 - The value of this procedure is packaged into the payment of other services performed on the same date of service
- 97 - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 629 - The medically unlikely edits (MUE) from CMS has been applied to this procedure code
- 193 - Original payment decision is being maintained

## **Issues**

1. What was the reason for reduction/denial of disputed services?
2. What is the applicable rule for determining reimbursement for the disputed services?
3. What is the recommended payment amount for the services in dispute?
4. Is the requestor entitled to reimbursement?

## **Findings**

1. The carrier denied the disputed services as 629 – “The medically unlikely edits (MUE) from CMS has been applied to this procedure code, 97 – “The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated, and 618 – “The value of this procedure is packaged into the payment of other services performed on the same date of service.” Review of the applicable rules is detailed below.
2. 28 Texas Administrative Code §134.403 states in pertinent part (f) The reimbursement calculation used for establishing the MAR shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the Federal Register. The following minimal modifications shall be applied. (1) The sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by: (A) 200 percent; unless (B) a facility or surgical implant provider requests separate reimbursement in accordance with subsection (g) of this section, in which case the facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 130 percent. (2) When calculating outlier payment amounts, the facility's total billed charges shall be reduced by the facility's billed charges for any item reimbursed separately under subsection (g) of this section.
3. Under the Medicare Outpatient Prospective Payment System (OPPS), each billed service is assigned an Ambulatory Payment Classification (APC) based on the procedure code used, the supporting documentation and the other services that appear on the bill. A payment rate is established for each APC. Depending on the services provided, hospitals may be paid for more than one APC per encounter. Payment for ancillary and supportive items and services, including services that are billed without procedure codes, is packaged into payment for the primary service. A full list of APCs is published quarterly in the OPPS final rules which are publicly available through the Centers for Medicare and Medicaid Services (CMS) website. Reimbursement for the disputed services is calculated as follows:
  - Procedure code J7050, date of service December 19, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
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- Procedure code J7050, date of service December 30, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
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- Procedure code 96365, date of service December 19, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPPS with separate APC payment. These services are classified under APC 0439, which, per OPPS Addendum A, has a payment rate of \$172.18. This amount multiplied by 60% yields an unadjusted labor-related amount of \$103.31. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$84.68. The non-labor related portion is 40% of the APC rate or \$68.87. The sum of the labor and non-labor related amounts is \$153.55. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$153.55. This amount multiplied by 200% yields a MAR of \$307.10.
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- Procedure code 96365, date of service December 26, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPSS with separate APC payment. The provider billed this procedure code with 2 units; however, review of the submitted documentation finds that only 1 unit is supported. Therefore, only 1 unit can be considered for payment. These services are classified under APC 0439, which, per OPSS Addendum A, has a payment rate of \$172.18. This amount multiplied by 60% yields an unadjusted labor-related amount of \$103.31. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$84.68. The non-labor related portion is 40% of the APC rate or \$68.87. The sum of the labor and non-labor related amounts is \$153.55. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$153.55. This amount multiplied by 200% yields a MAR of \$307.10.
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- Procedure code 96365, date of service December 28, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPSS with separate APC payment. These services are classified under APC 0439, which, per OPSS Addendum A, has a payment rate of \$172.18. This amount multiplied by 60% yields an unadjusted labor-related amount of \$103.31. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$84.68. The non-labor related portion is 40% of the APC rate or \$68.87. The sum of the labor and non-labor related amounts is \$153.55. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$153.55. This amount multiplied by 200% yields a MAR of \$307.10.
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- Procedure code 96365, date of service December 30, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPSS with separate APC payment. These services are classified under APC 0439, which, per OPSS Addendum A, has a payment rate of \$172.18. This amount multiplied by 60% yields an unadjusted labor-related amount of \$103.31. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$84.68. The non-labor related portion is 40% of the APC rate or \$68.87. The sum of the labor and non-

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- Procedure code 96365, date of service December 31, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPPS with separate APC payment. These services are classified under APC 0439, which, per OPPS Addendum A, has a payment rate of \$172.18. This amount multiplied by 60% yields an unadjusted labor-related amount of \$103.31. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$84.68. The non-labor related portion is 40% of the APC rate or \$68.87. The sum of the labor and non-labor related amounts is \$153.55. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$153.55. This amount multiplied by 200% yields a MAR of \$307.10.
- Per Medicare policy, procedure code 96365, date of service December 19, 2014, has a Medically Unlikely Edit for units submitted for over (1) unit. Per 28 Texas Administrative Code §134.403 (d) "For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided." Therefore the Medically Unlikely Edit applies and no separate payment is recommended.
- Per Medicare policy, procedure code 96365, date of service December 20, 2014, has a Medically Unlikely Edit for units submitted for over (1) unit. Per 28 Texas Administrative Code §134.403 (d) "For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided." Therefore the Medically Unlikely Edit applies and no separate payment is recommended.
- Per Medicare policy, procedure code 96365, date of service December 21, 2014, has a Medically Unlikely Edit for units submitted for over (1) unit. Per 28 Texas Administrative Code §134.403 (d) "For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided." Therefore the Medically Unlikely Edit applies and no separate payment is recommended.
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- Per Medicare policy, procedure code 96365, date of service December 30, 2014, has a Medically Unlikely Edit for units submitted for over (1) unit. Per 28 Texas Administrative Code §134.403 (d) "For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided." Therefore the Medically Unlikely Edit applies and no separate payment is recommended.
- Per Medicare policy, procedure code 96365, date of service December 31, 2014, has a Medically Unlikely Edit for units submitted for over (1) unit. Per 28 Texas Administrative Code §134.403 (d) "For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided." Therefore the Medically Unlikely Edit applies and no separate payment is recommended.
- Procedure code 96367, date of service December 19, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPPS with separate APC payment. These services are classified under APC 0437, which, per OPPS Addendum A, has a payment rate of \$43.78. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.27. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$21.53. The non-labor related portion is 40% of the APC rate or \$17.51. The sum of the labor and non-labor related amounts is \$39.04 multiplied by 2 units is \$78.08. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$78.08. This amount multiplied by 200% yields a MAR of \$156.16.
- Procedure code 96367, date of service December 20, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPPS with separate APC payment. These services are classified under APC 0437, which, per OPPS Addendum A, has a payment rate of \$43.78. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.27. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$21.53. The non-labor related portion is 40% of the APC rate or \$17.51. The sum of the labor and non-labor related amounts is \$39.04 multiplied by 2 units is \$78.08. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$78.08. This amount multiplied by 200% yields a MAR of \$156.16.
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- Procedure code 96367, date of service December 26, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPPS with separate APC payment. These services are classified under APC 0437, which, per OPPS Addendum A, has a payment rate of \$43.78. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.27. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$21.53. The non-labor related portion is 40% of the APC rate or \$17.51. The sum of the labor and non-labor related amounts is \$39.04 multiplied by 2 units is \$78.08. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$78.08. This amount multiplied by 200% yields a MAR of \$156.16.
- Procedure code 96367, date of service December 27, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPPS with separate APC payment. These services are classified under APC 0437, which, per OPPS Addendum A, has a payment rate of \$43.78. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.27. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$21.53. The non-labor related portion is 40% of the APC rate or \$17.51. The sum of the labor and non-labor related amounts is \$39.04 multiplied by 2 units is \$78.08. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$78.08. This amount multiplied by 200% yields a MAR of \$156.16.
- Procedure code 96367, date of service December 28, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPPS with separate APC payment. These services are classified under APC 0437, which, per OPPS Addendum A, has a payment rate of \$43.78. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.27. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$21.53. The non-labor related portion is 40% of the APC rate or \$17.51. The sum of the labor and non-labor related amounts is \$39.04 multiplied by 2 units is \$78.08. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$78.08. This amount multiplied by 200% yields a MAR of \$156.16.
- Procedure code 96367, date of service December 29, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPPS with separate APC payment. These services are classified under APC 0437, which, per OPPS Addendum A, has a payment rate of \$43.78. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.27. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$21.53. The non-labor related portion is 40% of the APC rate or \$17.51. The sum of the labor and non-labor related amounts is \$39.04 multiplied by 2 units is \$78.08. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$78.08. This amount multiplied by 200% yields a MAR of \$156.16.

\$156.16.

- Procedure code 96367, date of service December 30, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPSS with separate APC payment. These services are classified under APC 0437, which, per OPSS Addendum A, has a payment rate of \$43.78. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.27. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$21.53. The non-labor related portion is 40% of the APC rate or \$17.51. The sum of the labor and non-labor related amounts is \$39.04 multiplied by 2 units is \$78.08. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$78.08. This amount multiplied by 200% yields a MAR of \$156.16.
- Procedure code 96367, date of service December 31, 2014, has a status indicator of S, which denotes a significant procedure, not subject to multiple-procedure discounting, paid under OPSS with separate APC payment. These services are classified under APC 0437, which, per OPSS Addendum A, has a payment rate of \$43.78. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.27. This amount multiplied by the annual wage index for this facility of 0.8197 yields an adjusted labor-related amount of \$21.53. The non-labor related portion is 40% of the APC rate or \$17.51. The sum of the labor and non-labor related amounts is \$39.04 multiplied by 2 units is \$78.08. The cost of these services does not exceed the annual fixed-dollar threshold of \$2,900. The outlier payment amount is \$0. The total Medicare facility specific reimbursement amount for this line is \$78.08. This amount multiplied by 200% yields a MAR of \$156.16.
- Procedure code 80053, date of service December 19, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 80202, date of service December 22, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 80048, date of service December 22, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 80048, date of service December 29, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 80202, date of service December 29, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 85025, date of service December 19, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 85610, date of service December 19, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 85730, date of service December 19, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 85027, date of service December 22, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 85652, date of service December 22, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 85027, date of service December 29, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code 85652, date of service December 29, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code J0692, date of service, date of service December 19, 2014, has a status indicator of N,



packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.

- Procedure code J0692, date of service December 29, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code J3370, date of service December 29, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code J0692, date of service December 30, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code J3370, date of service December 30, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code J0692, date of service December 31, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.
- Procedure code J3370, date of service December 31, 2014, has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into the reimbursement for other services, including outliers.

4. The total allowable reimbursement for the services in dispute is \$6,022.38. This amount less the amount previously paid by the insurance carrier of \$6,115.46 leaves an amount due to the requestor of \$0.00. No additional reimbursement can be recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due and the denials/reductions from the Carrier are supported. As a result, the amount ordered is \$0.00.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
June 5, 2015  
Date

**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 Texas Register 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**