



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Texas Health of SW Fort Worth

Respondent Name

American Zurich Insurance Co

MFDR Tracking Number

M4-16-1885-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

March 4, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Medicare would have reimbursed the provider at the base APC rate of \$3,649.31 for APC #51. Allowing this at 200% would yield a fair and reasonable allowance of \$7,358.62. For the APC the allowable amount due totaled is \$7,358.62. Based on their payment of \$7,305.64 for the APC a supplemental payment is still due of \$52.98 on the APC alone, at this time."

Amount in Dispute: \$52.98

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier has issued reimbursement in the amount of \$7,305.64. Carrier reduced the billed amount in accordance with the applicable fee guidelines and mandated payment polices."

Response Submitted by: Flahive, Ogden, & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 30, 2015	24342	\$52.98	\$0.00

FINDINGS AND DECISION

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

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.403 sets out the outpatient hospital facility fee guidelines.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P12 – Workers' compensation jurisdictional fee schedule adjustment
 - W3 – Request for reconsideration

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

1. What is the applicable rule that pertains to reimbursement?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier reduced the disputed services with claim adjustment reason code P12 – “Workers’ compensation jurisdictional fee schedule adjustment.” The services in dispute are for outpatient hospital services and are subject to provisions of 28 Texas Administrative Code §134.403(f) which states,

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.

The maximum allowable reimbursement for the service in dispute is as follows:

- Procedure code 24342 has a status indicator of T. These services are classified under APC 0051, which, per OPPS Addendum A, has a payment rate of \$3,763.00. This amount multiplied by 60% yields an unadjusted labor-related amount of \$2,257.80. This amount multiplied by the annual wage index for this facility of 0.9512 yields an adjusted labor-related amount of \$2,147.62. The non-labor related portion is 40% of the APC rate or \$1,505.20. The sum of the labor and non-labor related amounts is \$3,652.82. The total Medicare facility specific reimbursement amount for this line is \$3,652.82. This amount multiplied by 200% yields a MAR of \$7,305.64.

The carrier’s reduction code is supported. No additional payment can be recommended.

2. The total allowable reimbursement for the services in dispute is \$7,305.64. This amount less the amount previously paid by the insurance carrier of \$7,305.64 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. 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 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 31, 2016
Date

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, 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 MFDR 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.