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
Frisco Medical Center

Respondent Name
Indemnity Insurance Co of North America

MFDR Tracking Number
M4-18-2220-01

Carrier's Austin Representative
Box Number 15

MFDR Date Received
February 26, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please note per the NCCI Edits this line is not bundled and we show should have processed for payment as there are no S T U or V status indicators used for the code to be bundled into."

Amount in Dispute: $118.24

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our bill audit company has determined no further payment is due."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 27, 2017	73110	$118.24	$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

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 acute care hospital fee guideline for outpatient services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated

Issues

1. Is the requestor's position statement supported?
2. Is an additional payment due to the requestor?

Findings

1. The requestor states in their position statement, "…there are no S T U or V status indicators used for the code to be bundled into."

   28 Texas Administrative Code §134.403 (d) states in pertinent part,

   > 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

   The applicable Medicare payment policy is found at the Centers for Medicare and Medicaid Services (CMS) published quarterly list of APC rates in the OPPS final rules, available from www.cms.gov.

   Reimbursement for the disputed services is calculated as follows:

   - Procedure code 73130 has status indicator Q1, denoting STV-packaged codes; reimbursement is packaged with payment for any code with status indicator S, T or V. This code is paid separately only if OPPS criteria are met.
   - Procedure code 73110 has status indicator Q1, denoting STV-packaged codes; reimbursement is packaged with payment for any code with status indicator S, T or V. This code is paid separately only if OPPS criteria are met.
   - Procedure code 99282 has status indicator J2, denoting hospital, clinic or emergency visits subject to comprehensive packaging if 8 or more hours observation billed. The criteria for comprehensive packaging is found at www.cms.gov, Med Learn Matters article MM9486 which states in pertinent part,

     Comprehensive Observation Services C-APC (APC 8011) Effective January 1, 2016, CMS will provide payment for all qualifying extended assessment and management encounters through newly created C-APC 8011 (Comprehensive Observation Services). Any clinic visit, Type A Emergency Department (ED) visit, Type B ED visit, critical care visit, or direct referral for observation services furnished in a non-surgical encounter by a hospital in conjunction with observation services of eight or more hours, will qualify for comprehensive payment through C-APC 8011. Effective January 1, 2016, CMS will no longer provide payment for extended assessment and management encounters through APC 8009 (Extended Assessment and Management Composite) and APC 8009 is deleted, effective January 1, 2016.

     Also effective January 1, 2016, CMS has created new Status Indicator (SI) J2 to designate specific combinations of services that, when performed in combination with each other and reported on a hospital Medicare Part B outpatient claim, would allow for all other OPPS payable services and items reported on the claim (excluding all preventive services and certain Medicare Part B inpatient services) to be deemed adjunctive services representing components of a comprehensive service and resulting in a single prospective payment through C-APC 8011 for the comprehensive service based on the costs of all reported services on the claim.

     Because the criteria for comprehensive observation services is not met the code 99282 is assigned APC 5022. This APC has a status indicator of "V". The requestor's position statement is not supported.

     The OPPS Addendum A rate is $111.47. This is multiplied by 60% for an unadjusted labor-related amount of $66.88, which is multiplied by the facility wage index of 0.9794 for an adjusted labor amount of $65.50. The non-labor related portion is 40% of the APC rate, or $44.59. The sum of the labor and non-labor portions is $110.09. The Medicare facility specific amount of $110.09 is multiplied by 200% for a MAR of $220.18.

2. The total recommended reimbursement for the disputed services is $220.18. The insurance carrier has paid $338.42 leaving an amount due to the requestor of $0.00. Additional payment is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has / has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

		March 16, 2018
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 in accordance with Rule §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 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. **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.