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
TEXAS HEALTH FORT WORTH

Respondent Name
VALLEY FORGE INSURANCE COMPANY

MFDR Tracking Number
M4-18-4223-01

Carrier's Austin Representative
Box Number 57

MFDR Date Received
July 9, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please review CPT codes 96375 and 96375 [*sic*] both codes have a status indicator of S and are paid under OPPS with separate APC payment."

Amount in Dispute: $416.36

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier maintains any and all denials as represented in the attached EORs . . ."

Response Submitted by: Law Office of Brian J. Judis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
December 19, 2017	Outpatient Hospital Services	$416.36	$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 hospital facility 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.
   - P12 – Workers' compensation jurisdictional fee schedule adjustment.
   - MSIN – in accordance with CMS guidelines, this is a packaged service and is not paid separately. However, charges related to this service is used to pay other payable services and qualify those services for outlier.
   - MOPS – SERVICES REDUCED TO THE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS)
   - P300 – The amount paid reflects a fee schedule reduction.
   - Z710 - The charge for this procedure exceeds the fee schedule allowance.
   - MX75 – Per NCCI, the procedure code is denied, as per the HCPCS, CPT procedure code definition. Procedure included in 23650.

- MV06 – Per CPT guidelines, this service represents an included component of the surgical package and should not be billed with 23650
- Z652 - Recommendation of payment has been based on this procedure code, _____ which best describes services rendered.
    - J2270, 99284, 99156, 96376, 96375, 96374, 23650, 73030
- W3 – Request for reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- ZE10 – Request for reconsideration.
- ZD86 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What is the recommended payment for the services in dispute?
2. Is the requestor entitled to additional reimbursement?

Findings

1. This dispute regards outpatient facility services with payment subject to 28 Texas Administrative Code §134.403, requiring the maximum allowable reimbursement (MAR) to be the Medicare facility specific amount applying Medicare Outpatient Prospective Payment System (OPPS) formulas and factors published in the Federal Register, with modifications set out in the rules. Rule §134.403(f)(1) requires the Medicare facility specific amount and any outlier payment be multiplied by 200 percent for these disputed emergency room services.

   Medicare assigns an Ambulatory Payment Classification (APC) to OPPS services based on billed procedure codes and supporting documentation. The APC determines the payment rate. Reimbursement for ancillary items and services is packaged with the APC payment. CMS publishes quarterly APC rate updates, available at www.cms.gov.

   Reimbursement for the disputed services is calculated as follows:

   - Procedure code 73030 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for other services assigned status indicator S, T or V.
   - Procedure code 23650 has status indicator T, for procedures subject to multiple-procedure reduction. This code is assigned APC 5111. The OPPS Addendum A rate is $199.83, multiplied by 60% for an unadjusted labor amount of $119.90, in turn multiplied by the facility wage index of 0.9636 for an adjusted labor amount of $115.54. The non-labor portion is 40% of the APC rate, or $79.93. The sum of the labor and non-labor portions is the Medicare facility specific amount of $195.47, which is multiplied by 200% for a MAR of $390.94.
   - Per Medicare policy regarding correct coding (CCI edits), procedure codes 96374, 96375 and 96376 may not be reported with code 99156 billed on the same claim. Reimbursement for this service is included with payment for the primary procedure. Separate payment is not recommended.
   - Procedure codes 96376, 99156, J2270 and J2405 have status indicator N, packaged codes integral to the total service package with no separate payment; reimbursement is included with payment for the primary services.
   - Procedure code 99284 may not be reported with code 99156 billed on the same claim. Separate payment is allowed if a modifier is used appropriately. The requestor billed the disputed service with modifier 25. Separate payment is allowed. This code is assigned APC 5024. The OPPS Addendum A rate is $332.41, multiplied by 60% for an unadjusted labor amount of $199.45, in turn multiplied by the facility wage index of 0.9636 for an adjusted labor amount of $192.19. The non-labor portion is 40% of the APC rate, or $132.96. The sum of the labor and non-labor portions is the Medicare facility specific amount of $325.15, which is multiplied by 200% for a MAR of $650.30.

2. The total recommended reimbursement for the disputed services is $1,041.24. The insurance carrier paid $1,040.08. Additional payment is not recommended.

Conclusion

In resolving disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the division is to adjudicate the payment, given the relevant statutory provisions and division rules.

The division would like to emphasize that the findings and decision in this dispute are based on the evidence presented by the requestor and respondent available at the time of review. Even though not all the evidence was discussed, it was considered.

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 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

	Grayson Richardson	August 10, 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.

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 form's instructions. 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 on the form, or to the field office handling the claim.

A party seeking review of this decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. The request must include a copy of this *Medical Fee Dispute 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.