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 OF PLANO

Respondent Name
LIBERTY INSURANCE CORP

MFDR Tracking Number
M4-19-2964-01

Carrier's Austin Representative
Box Number 01

MFDR Date Received
January 28, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CPT 70486 is a composite of APC 8005 and to be reimbursed as such… CPT 12052 is to be reimbursed at CMS allowable… CPT 99283 is to be reimbursed per Addendum B at CMS allowable…"

Amount in Dispute: $307.93

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill has been reviewed and payment is correct..."

Response Submitted by: Liberty Mutual

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
August 13, 2018	Outpatient Hospital Services	$307.93	$11.60

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:
   - 4915 - THE CHARGE FOR THE SERVICES REPRESENTED BY THE REVENUE CODE ARE INCLUDED/BUNDLED INTO THE TOTAL FACILITY PAYMENT AND DO NOT WARRANT A SEPARATE PAYMENT OR THE PAYMENT STATUS INDICATOR DETERMINES THE SERVICE IS PACKAGED OR EXCLUDED FROM PAYMENT.
   - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
   - 802 – CHARGE FOR THIS PROCEDURE EXCEEDS THE OPPS SCHEDULE ALLOWANCE
   - 4960 – CHARGE FOR THIS PROCEDURE EXCEEDS THE OPPS Q3 COMPOSITE ADJUSTMENT FEE SCHEDULE ALLOWANCE.
   - 4097 - PAID PER FEE SCHEDULE; CHARGE ADJUSTED BECAUSE STATUTE DICTATES ALLOWANCE IS GREATER THAN PROVIDER'S CHARGE.
   - 56 – SIGNIFICANT, SEPARATELY IDENTIFIABLE E/M SERVICE RENDERED

Issues

Is the requestor entitled to additional reimbursement?

Findings

This dispute regards outpatient facility services subject to DWC's *Hospital Facility Fee Guideline*, Rule §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 modified by DWC rules. Rule §134.403(f)(1) requires the Medicare facility specific amount and any outlier payment be multiplied by 200%.

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 12052 has status indicator T, for procedures subject to multiple-procedure reduction. This code is assigned APC 5052. The OPPS Addendum A rate is $310.80, multiplied by 60% for an unadjusted labor amount of $186.48, in turn multiplied by the facility wage index of 0.9756 for an adjusted labor amount of $181.93. The non-labor portion is 40% of the APC rate, or $124.32. The sum of the labor and non-labor portions is the Medicare facility specific amount of $306.25 is multiplied by 200% for a MAR of $612.50.
- Procedure code 99283 represents an emergency department visit. This code is assigned APC 5023. The OPPS Addendum A rate is $219.10, multiplied by 60% for an unadjusted labor amount of $131.46, in turn multiplied by the facility wage index of 0.9756 for an adjusted labor amount of $128.25. The non-labor portion is 40% of the APC rate, or $87.64. The sum of the labor and non-labor portions is the Medicare facility specific amount of $215.89 is multiplied by 200% for a MAR of $431.78.
- Procedure code 90715 has status indicator N, for packaged codes integral to the total service package with no separate payment; reimbursement is included with payment for the primary services.
- Procedure code 90471 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for procedure code 12052, which has status T.
- Procedure codes 70450, and 70486 have status indicator Q3, for packaged codes paid through a composite APC. Codes assigned to composites are major components of a single episode of care; the hospital receives one payment for any combination of designated procedures. These services are assigned composite APC 8005, for computed tomography (CT) services without contrast. The OPPS Addendum A rate is $274.84, multiplied by 60% for an unadjusted labor amount of $164.90, in turn multiplied by the facility wage index of 0.9756 for an adjusted labor amount of $160.88. The non-labor portion is 40% of the APC rate, or $109.94. The sum of the labor and non-labor portions is $270.82. The cost of services does not exceed the threshold for outlier payment. The Medicare facility specific amount of $270.82 is multiplied by 200% for a MAR of $541.64.

The total recommended reimbursement for the disputed services is $1,585.92. The insurance carrier paid $1,574.32. The amount due is $11.60. This amount is 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 emphasizes that the findings in this decision 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 established that additional reimbursement is due. As a result, the amount ordered is $11.60.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor $11.60, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Grayson Richardson	February 15, 2019
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 division must receive the request within twenty days of your receipt of this decision. The request may be faxed, mailed or personally delivered either to the division, using the contact information listed on the form, or to the field office handling the claim.

The party seeking review must deliver a copy of the request to all parties involved in the dispute at the same time the request is filed. Include a copy of this *Medical Fee Dispute Resolution Findings and Decision* together with any other information required by 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.