



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

Doctor's Hospital at Renaissance

Respondent Name

Employers Preferred Ins Co

MFDR Tracking Number

M4-19-3587-01

Carrier's Austin Representative

Box Number 4

MFDR Date Received

March 25, 2019

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: \$1,045.30

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We received the attached MFDR request and stand behind our original review..."

Response Submitted by: Conduent

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: February 1 - 2, 2019, Outpatient Hospital Services, \$1,045.30, \$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 reimbursement guidelines for outpatient hospital services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P12 - Workers' compensation jurisdictional fee schedule adjustment

Issues

1. What is the applicable rule for determining reimbursement for the disputed services?

Findings

1. The requestor is seeking additional reimbursement in the amount of \$1,045.30 for outpatient hospital services rendered from February 1 – 2, 2019. The insurance carrier reduced disputed services based on the workers' compensation jurisdictional fee schedule.

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 Medicare payment policy applicable to the services in dispute is found at www.cms.gov, Claims processing Manual, Chapter 4, Section 10.1.1 - Payment Status Indicators

An OPPS payment status indicator is assigned to every HCPCS code. The status indicator identifies whether the service described by the HCPCS code is paid under the OPPS and if so, whether payment is made separately or packaged. The status indicator may also provide additional information about how the code is paid under the OPPS or under another payment system or fee schedule.

The services listed on the DWC060 with amounts in dispute are reviewed below:

- Procedure code 49505 has a status indicator of J1 which is defined as, "Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS status indicator of "F", "G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services."
- Procedure code 88302 has status indicator Q1. Per requirements of TAC. §134.403 (d) only services with an exempted status indicator will be paid separately, this is not an exempted status indicator. No separate payment is recommended.
- Procedure code 71046 has status indicator S. Per requirements of TAC. §134.403 (d) only services with an exempted status indicator will be paid separately, this is not an exempted status indicator. No separate payment is recommended.
- Procedure code 94640 has status indicator Q1. Per requirements of TAC. §134.403 (d) only services with an exempted status indicator will be paid separately, this is not an exempted status indicator. No separate payment is recommended.
- Procedure code 93005 has status indicator Q1. Per requirements of TAC. §134.403 (d) only services with an exempted status indicator will be paid separately, this is not an exempted status indicator. No separate payment is recommended.
- Procedure code 51798 has status indicator Q1. Per requirements of TAC. §134.403 (d) only services with an exempted status indicator will be paid separately, this is not an exempted status indicator. No separate payment is recommended.
- Procedure code 96374 has status indicator S. Per requirements of TAC. §134.403 (d) only services with an exempted status indicator will be paid separately, this is not an exempted status indicator. No separate payment is 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 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

Signature

Medical Fee Dispute Resolution Officer

April 5, 2019
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.