



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 STEPHENVILLE

Respondent Name

HARTFORD FIRE INSURANCE COMPANY

MFDR Tracking Number

M4-19-4148-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

May 13, 2019

Response Submitted By

The Hartford

REQUESTOR'S POSITION SUMMARY

"Underpaid/denied APC."

RESPONDENT'S POSITION SUMMARY

"Services were processed in accordance with TAC §134.403, §134.203 (b) (1) and §134.203(i)."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
September 17, 2018	Emergency Department Visit	\$52.24	\$52.24

AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and 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 hospital facility fee guideline for outpatient services.
- 28 Texas Administrative Code §134.203 sets out the fee guidelines for durable medical equipment.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 56 – SIGNIFICANT, SEPARATELY IDENTIFIABLE E/M SERVICE RENDERED
 - 802 – CHARGE FOR THIS PROCEDURE EXCEEDS THE OPPS SCHEDULE ALLOWANCE
 - P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
 - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
 - 1115 - WE FIND THE ORIGINAL REVIEW TO BE ACCURATE AND ARE UNABLE TO RECOMMEND ANY ADDITIONAL ALLOWANCE

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, which requires the maximum allowable reimbursement (MAR) 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% for the disputed Emergency Room services. Medicare assigns Ambulatory Payment Classifications (APC) to OPSS services based on billed procedure codes and supporting documentation. The APC determines the payment rate. Reimbursement for ancillary items is packaged with the APC payment. APC rates are published at www.cms.gov.

Reimbursement for the disputed services is calculated as follows:

- Procedure code L3908 has status indicator A, for services paid by fee schedule or payment system other than OPSS. If Medicare pays using other systems, Rule §134.403(h) requires use of the DWC fee guideline applicable to the code on the date provided. Per DWC Professional Fee Guideline, Rule §134.203(d)(1), the facility fee is based on Medicare's Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee for this code of \$53.20. 125% of this amount is \$66.50. Reimbursement is the lesser of the MAR or the provider's usual and customary charge of \$32.50. The lesser amount is \$32.50.
- Procedure code 73110 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V. This code is paid separately only if OPSS criteria are met. This code is assigned APC 5521. The OPSS Addendum A rate is \$62.12, multiplied by 60% for an unadjusted labor amount of \$37.27, in turn multiplied by the facility wage index of 0.9437 for an adjusted labor amount of \$35.17. The non-labor portion is 40% of the APC rate, or \$24.85. The sum of the labor and non-labor portions is the Medicare facility specific amount of \$60.02. This is multiplied by 200% for a MAR of \$120.04.
- Procedure code 99283 represents an emergency room visit assigned APC 5023. The OPSS 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 0.9437 for an adjusted labor amount of \$124.06. 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 \$211.70. This is multiplied by 200% for a MAR of \$423.40.

The total recommended reimbursement for the disputed services is \$575.94. The insurance carrier paid \$523.06. The requestor is seeking additional reimbursement of \$52.24. This amount is recommended.

Conclusion

For the reasons stated above, the division finds the requestor has established that additional payment is due. As a result, the amount ordered is \$52.24.

ORDER

In accordance with Texas Labor Code Section 413.031 and 413.019 (if applicable), based on the submitted information, the division finds the requestor is entitled to additional reimbursement. The division hereby ORDERS the respondent to remit to the requestor \$52.24, plus accrued interest per Rule §134.130, due within 30 days of receipt of this order.

Authorized Signature

_____	Grayson Richardson	June 7, 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. The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWC045M). 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 field office handling the claim or to the division at the contact information listed on the form. You must deliver a copy of the request to all other parties involved in the dispute at the same time you file the request. Include a **copy** of this **Medical Fee Dispute 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.