



# 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 Arlington

**Respondent Name**

General Motors LLC

**MFDR Tracking Number**

M4-19-4293-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

May 30, 2019

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Per Rule 134.403 section E all HCPC's that are paid per the fee schedule should pay per the APC allowable at 200% regardless of the billed charges..."

**Amount in Dispute:** \$138.83

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The Carrier has paid a total of \$1,679.52. Respondent stands by this payment."

**Response Submitted by:** Downs Stanford

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 29, 2018	Outpatient Hospital Services	\$138.83	\$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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 97 – Payment adjusted because the benefit for this services is included in the payment/allowance for another service/procedure that has already been adjudicated
  - P12 – Workers' compensation jurisdictional fee schedule adjustment

## Issues

1. What is the applicable rule for determining reimbursement for the disputed services?
2. Is the requestor entitled to additional reimbursement?

## Findings

1. The requestor is seeking additional reimbursement in the amount of \$138.83 for outpatient hospital services rendered on June 29, 2018. The insurance carrier reduced disputed services based on workers' compensation fee schedule.

28 TAC §134.403, (f) states,

The reimbursement calculation used for establishing the MAR shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the *Federal Register*. The following minimal modifications shall be applied.

- (1) The sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by:
  - (A) 200 percent; unless
  - (B) a facility or surgical implant provider requests separate reimbursement in accordance with subsection (g) of this section, in which case the facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 130 percent.

Review of the submitted medical bill found implants were not requested separately. The maximum allowable reimbursement per the above is calculated as follows:

- Procedure code 72125, billed June 28, 2018, has status indicator Q3, assigned to composite APC 8005. The payment for composite services is calculated below.
- Procedure code 72128, billed June 28, 2018, has status indicator Q3, assigned to composite APC 8005. The payment for composite services is calculated below.
- Procedure code 70450, billed June 28, 2018, has status indicator Q3, assigned to composite APC 8005. The payment for composite services is calculated below.
- Procedure code 70486, billed June 28, 2018, has status indicator Q3, assigned to composite APC 8005. This service qualifies for composite payment. The payment for composite services is calculated below.
- Procedure code 96374 has status indicator S. This code is assigned APC 5693. The OPPS Addendum A rate is \$191.09, multiplied by 60% for an unadjusted labor amount of \$114.65, in turn multiplied by the facility wage index of 0.9636 for an adjusted labor amount of \$110.48. The non-labor portion is 40% of the APC rate, or \$76.44. The sum of the labor and non-labor portions is \$186.92. Medicare facility specific amount of \$186.92 is multiplied by 200% for a MAR of \$373.84.
- Procedure code 96375 has status indicator S. This code is assigned APC 5691. The OPPS Addendum A rate is \$37.03, multiplied by 60% for an unadjusted labor amount of \$22.22, in turn multiplied by the facility wage index of 0.9636 for an adjusted labor amount of \$21.41. The non-labor portion is 40% of the APC rate, or \$14.81. The sum of the labor and non-labor portions is \$36.22. The Medicare facility specific amount of \$36.22 is multiplied by 200% for a MAR of \$72.44.
- Procedure code 99284, billed June 28, 2018, has status indicator V, assigned APC 5024. The OPPS Addendum A rate is \$355.53, multiplied by 60% for an unadjusted labor amount of \$213.32, in turn multiplied by the facility wage index of 0.9636 for an adjusted labor amount of \$205.56. The non-labor portion is 40% of the APC rate, or \$142.21. The sum of the labor and non-labor portions is \$347.77. The Medicare facility specific amount of \$347.77 is multiplied by 200% for a MAR of \$695.54.
- Procedure codes 72125, 72128, 70450, and 70486 have status indicator Q3, composite APC 8005. 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 0.9636 for an adjusted labor amount of \$158.90. The non-labor portion is 40% of the APC rate, or \$109.94. The sum of the labor and non-labor portions is \$268.84. The cost of services does not exceed the threshold for outlier payment. The Medicare facility specific amount of \$268.84 is multiplied by 200% for a MAR of \$537.68.

2. The requestor is seeking additional reimbursement of 96374 however, the **total allowed** amount for the outpatient services performed on June 29, 2018 is \$1,679.50. The insurance carrier paid \$1,679.52. No additional 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**

_____	_____	June 28, 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, 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.**