



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Texas Health Alliance

Respondent Name

Keller ISD

MFDR Tracking Number

M4-19-4348-01

Carrier's Austin Representative

Box Number 43

MFDR Date Received

June 4, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The purpose of this letter is to inform you that payment for services provided to the above referenced patient does not comply with Chapters 134.403 and 134.404 of Texas Administrative Code."

Amount in Dispute: \$1,896.66

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill was resubmitted as a request for reconsideration electronically on 4/23/2019 stating the bill was underpaid/denied APC and requesting an additional \$34.30. The bill was denied and maintained original payment amount as audited correctly. The Bill ID 10383077 was finalized on 5/13/2019."

Response Submitted by: York Claim Services

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 28, 2018	Outpatient Hospital Services	\$1,896.66	\$37.64

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:
 - 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 \$1,896.66 for outpatient hospital services rendered November 28, 2018. The insurance carrier reduced disputed services based on workers' compensation jurisdictional fee schedule.

The applicable fee calculation is found at 28 TAC §134.403, (f) which 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 as a separate reimbursement. The maximum allowable reimbursement is calculated as follows:

- Procedure code 70450 billed November 28 has status indicator Q3, for conditionally packaged codes paid as a composite if OPPS criteria are met. Composite criteria not met the OPPS Addendum A rate is \$114.46, multiplied by 60% for an unadjusted labor amount of \$68.68, in turn multiplied by the facility wage index of 0.9736 for an adjusted labor amount of \$66.87. The non-labor portion is 40% of the APC rate, or \$45.78. The sum of the labor and non-labor portions is \$112.65. The Medicare facility specific amount of \$112.65 is multiplied by 200% for a MAR of \$225.30.
- Procedure code 62270 billed November 28 has status indicator T and is assigned APC 5442. The OPPS Addendum A rate is \$543.38, multiplied by 60% for an unadjusted labor amount of \$326.03, in turn multiplied by the facility wage index of 0.9736 for an adjusted labor amount of \$317.42. The non-labor portion is 40% of the APC rate, or \$217.35. The sum of the labor and non-labor portions is \$534.77. The Medicare facility specific amount of \$534.77 is multiplied by 200% for a MAR of \$1,069.54.
- Procedure code 96361 billed November 28 has status indicator S and 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 0.9736 for an adjusted labor amount of \$21.63. The non-labor portion is 40% of the APC rate, or \$14.81. The sum of the labor and non-labor portions is \$36.44. The Medicare facility specific amount of \$36.44 is multiplied by 200% for a MAR of \$72.88.
- Procedure code 96374 billed November 28 has status indicator S and 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 0.9736 for an adjusted labor amount of \$111.62. The non-labor portion is 40% of the APC rate, or \$76.44. The sum of the labor and non-labor portions is \$188.06. The Medicare facility specific amount of \$188.06 is multiplied by 200% for a MAR of \$376.12.
- Procedure code 96375 billed November 28 has status indicator S and 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 0.9736 for an adjusted labor amount of \$21.63. The non-labor portion is 40% of the APC rate, or \$14.81. The sum of the labor and non-labor portions is \$36.44. The Medicare facility specific amount of \$36.44 is multiplied by 200% for a MAR of \$72.88.

- Procedure code 99285 billed November 28 has status indicator J2 when the criteria for a composite is met but as a surgical procedure was performed during this encounter, the status indicator is V and the APC 5025. The OPPS Addendum A rate is \$520.85, multiplied by 60% for an unadjusted labor amount of \$312.51, in turn multiplied by the facility wage index of 0.9736 for an adjusted labor amount of \$304.26. The non-labor portion is 40% of the APC rate, or \$208.34. The sum of the labor and non-labor portion is \$512.60. The Medicare facility specific amount of \$512.60 is multiplied by 200% for a MAR of \$1,025.20.
 - Procedure code 96375 billed November 28, 2018 has status indicator S and 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 0.9736 for an adjusted labor amount of \$21.63. The non-labor portion is 40% of the APC rate, or \$14.81. The sum of the labor and non-labor portions is \$36.44. The Medicare facility specific amount of \$36.44 is multiplied by 200% for a MAR of \$72.88.
 - Procedure code 70553 billed November 29 has status indicator Q3 but is separate as the criteria for a composite is not met. This code is assigned APC 5572. The OPPS Addendum A rate is \$456.34, multiplied by 60% for an unadjusted labor amount of \$273.80, in turn multiplied by the facility wage index of 0.9736 for an adjusted labor amount of \$266.57. The non-labor portion is 40% of the APC rate, or \$182.54. The sum of the labor and non-labor portions is \$449.11. The Medicare facility specific amount of \$449.11 is multiplied by 200% for a MAR of \$898.22.
 - Procedure code G0390 billed November 29 has status indicator S and is assigned APC 5045. The OPPS Addendum A rate is \$957.57, multiplied by 60% for an unadjusted labor amount of \$574.54, in turn multiplied by the facility wage index of 0.9736 for an adjusted labor amount of \$559.37. The non-labor portion is 40% of the APC rate, or \$383.03. The sum of the labor and non-labor portions is \$942.40. The Medicare facility specific amount of \$942.40 is multiplied by 200% for a MAR of \$1,884.80.
 - Procedure code 95819, billed November 29, 2018 and is assigned APC 5722. The OPPS Addendum A rate is \$248.83, multiplied by 60% for an unadjusted labor amount of \$149.30, in turn multiplied by the facility wage index of 0.9736 for an adjusted labor amount of \$145.36. The non-labor portion is 40% of the APC rate, or \$99.53. The sum of the labor and non-labor portions is \$244.89. The cost of services does not exceed the threshold for outlier payment. The Medicare facility specific amount of \$244.89 is multiplied by 200% for a MAR of \$489.78.
2. The total recommended reimbursement for the disputed services is \$6,187.60. The insurance carrier paid \$6,149.96. The amount due is \$37.64. This amount is recommended.

Conclusion

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 \$37.64.

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 \$37.64, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	June 28, 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.