



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

BSA Hospital

Respondent Name

Sentry Insurance Co A Mutual Co

MFDR Tracking Number

M4-19-4644-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 24, 2019

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: \$46.31

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We have verified that this bill paid correctly according to the Texas Fee Schedule."

Response Submitted by: Sentry

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 4,2018	Outpatient Hospital Services	\$46.31	\$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:
 - 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 \$46.31 for outpatient hospital services rendered on September 4, 2018. 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 in dispute have a status indicator of "A" which is defined as "Not paid under OPPS. Paid by MACS under a fee schedule or payment system other than OPPS." 28 TAC §134.403 (h) states,

For medical services provided in an outpatient acute care hospital, but not addressed in the Medicare payment policies as outlined in subsections (f)(1) or (f)(2) of this section, and for which Medicare reimburses using other Medicare fee schedules, reimbursement shall be made using the applicable Division Fee Guideline in effect for that service on the date the service was provided.

The applicable Division fee guideline is found in 28 TAC §134.203 (e) which states,

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,
- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

Review of the submitted medical bill found no separate billed amount for the technical component. The maximum allowable reimbursement per the above is calculated as follows:

- Procedure code 36415 has status indicator Q4 paid separately when the bill contains only status Q4 HCPCS codes. Medicare's Clinical Laboratory fee for this code of \$3.00. 125% of this amount is \$3.75
- Procedure code 80053 has status indicator Q4 paid separately when the bill contains only status Q4 HCPCS codes. Medicare's Clinical Laboratory fee for this code of \$13.04. 125% of this amount is \$16.30
- Procedure code 85025 has status indicator Q4 paid separately when the bill contains only status Q4 HCPCS codes. Medicare's Clinical Laboratory fee for this code of \$9.59. 125% of this amount is \$11.99
- Procedure code 85610 has status indicator Q4 paid separately when the bill contains only status Q4 HCPCS codes. Medicare's Clinical Laboratory fee for this code of \$4.85. 125% of this amount is \$6.06
- Procedure code 85730 has status indicator Q4 paid separately when the bill contains only status Q4 HCPCS codes. Medicare's Clinical Laboratory fee for this code of \$7.42. 125% of this amount is \$9.28
- Procedure code 87077 has status indicator Q4 paid separately when the bill contains only status Q4 HCPCS codes. Medicare's Clinical Laboratory fee for this code of \$9.97. 125% of this amount is \$12.46

- Procedure code 87086 has status indicator Q4 paid separately when the bill contains only status Q4 HCPCS codes. Medicare's Clinical Laboratory fee for this code of \$9.96. 125% of this amount is \$12.45
 - Procedure code 81001 has status indicator Q4 paid separately when the bill contains only status Q4 HCPCS codes. Medicare's Clinical Laboratory fee for this code of \$3.92. 125% of this amount is \$4.90
2. The total recommended reimbursement for the disputed services is \$77.19. The insurance carrier paid \$77.19. 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

Signature	Medical Fee Dispute Resolution Officer	July 12, 2019 Date
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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.