



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

TASB Risk Mgmt Fund

MFDR Tracking Number

M4-19-4833-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

July 11, 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: \$3,588.42

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...The surgical code 29888 included on the bill has a status indicator of J!. When this indicator is present, all other services are packaged (bundled to the surgical code) with the exception of services with: OPPTS SI, F, G, H, L and U, ambulance services, diagnostic and screening mammography, all preventive services and certain part B inpatient services."

Response Submitted by: TASB Risk Management Fund

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 18 – 20, 2019	29880, 20680, 96374	\$3,588.42	\$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
 - 97 – Payment is included in the allowance for another service/procedure

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 \$3,588.42 for outpatient hospital services rendered on March 18 – 20, 2019. The insurance carrier reduced disputed services based on packaging and workers compensation 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.

Review of the status indicator of the services in dispute found the following:

- Procedure code 29888 is not in dispute but determines the payment of the services listed on the DWC 60. This code has status indicator J1 with a ranking of 296. The Medicare claims processing manual, Chapter 4, Section 10.2.3 states in pertinent part,
HCPCS codes assigned to comprehensive APCs are designated with status indicator J1, See Addendum B at www.cms.hhs.gov/HospitalOutpatientPPS/ for the list of HCPCS codes designated with status indicator J1.
*Claims reporting at least one J1 procedure code **will package** the following items and services that are not typically packaged under the OPPS:*
 - *major OPPS procedure codes (status indicators P, S, T, V)*
 - **lower ranked comprehensive procedure codes (status indicator J1)**
 - *non-pass-through drugs and biologicals (status indicator K)*
 - *blood products (status indicator R)*
 - **DME (status indicator Y)**
 - *therapy services (HCPCS codes with status indicator A reported on therapy revenue centers)*
- Procedure code 29880 has a status indicator of J1 with a ranking of 1784. Not the highest therefore as seen above is packaged into primary J1 procedure.
- Procedure code 20680 has status indicator Q2, (T) and is packaged into primary J1 service.
- Procedure code 96374 has a status indicator of S and is packaged into primary J1 service.

Based on the Medicare payment policy applicable to the Division fee guideline for the disputed services, 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

August 9, 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.