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
Baptist St Anthonys Hlth

Respondent Name
Deep East Texas Self Insurance Fund

MFDR Tracking Number
M4-20-1968-01

Carrier's Austin Representative
Box Number 44

MFDR Date Received
April 13, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: None submitted.

Amount in Dispute: $298.48

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill was processed correctly per the Texas Fee Schedule, therefore, no additional payment is warranted."

Response Submitted by: Injury Management Organization Inc

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 2, 2019	Outpatient Hospital Services	$298.48	$298.48

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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
3. The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:
   - 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
   - 802 – The charge for this procedure exceeds the OPPS schedule allowance
   - P12 – Workers compensation jurisdictional fee schedule adjustment

- 4915 – The charge for the services represented by the revenue code are included/bundled into the total facility payment and do not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment

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 $885.11 for outpatient hospital services rendered on October 2, 2019. The insurance carrier indicates the service in dispute was adjudicated correctly.

   28 TAC §134.403 (d) requires Texas workers' compensation system participants when coding, billing, reporting and reimbursement to apply Medicare payment policies in effect on the date of service.

   The Medicare payment policy applicable to the services in dispute is found at www.cms.gov, Claims 28 processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators.

   28 TAC 134.403 (f)(1)(A) states the reimbursement amount is the Medicare facility specific amount multiplied by 200 percent when implants are not separately requested.

   Review of the submitted medical bill finds the submitted codes have the following status indicators that determine payment.

   - Procedure code 36415 has status indicator Q4, for packaged labs; reimbursement is included with payment for any service with a Q1 status indicator.
   - Procedure code 86850 has status indicator Q1. This code is assigned APC 5671. The OPPS Addendum A rate is $50.98. This is multiplied by 60% for an unadjusted labor amount of $30.59, in turn multiplied by facility wage index 0.8444 for an adjusted labor amount of $25.83. The non-labor portion is 40% of the APC rate, or $20.39. The sum of the labor and non-labor portions is $46.22. The Medicare facility specific amount is $46.22. This is multiplied by 200% for a MAR of $92.44.
   - Procedure code 86900 has status indicator Q1. This code is assigned APC 5734. The OPPS Addendum A rate is $106.48. This is multiplied by 60% for an unadjusted labor amount of $63.89, in turn multiplied by facility wage index 0.8444 for an adjusted labor amount of $53.95. The non-labor portion is 40% of the APC rate, or $42.59. The sum of the labor and non-labor portions is $96.54. The Medicare facility specific amount is $96.54. This is multiplied by 200% for a MAR of $193.08.
   - Procedure code 86901 has status indicator Q1. This code is assigned APC 5732. The OPPS Addendum A rate is $32.12. This is multiplied by 60% for an unadjusted labor amount of $19.27, in turn multiplied by facility wage index 0.8444 for an adjusted labor amount of $16.27. The non-labor portion is 40% of the APC rate, or $12.85. The sum of the labor and non-labor portions is $29.12. The Medicare facility specific amount is $29.12. This is multiplied by 200% for a MAR of $58.24.
   - Procedure code 86920 has status indicator Q1. This code is assigned APC 5672. The OPPS Addendum A rate is $144.73. This is multiplied by 60% for an unadjusted labor amount of $86.84, in turn multiplied by facility wage index 0.8444 for an adjusted labor amount of $73.33. The non-labor portion is 40% of the APC rate, or $57.89. The sum of the labor and non-labor portions is $131.22. The Medicare facility specific amount is $131.22. This is multiplied by 200% for a MAR of $262.44.
   - Procedure code 86920 -91 has status indicator Q1. This code is assigned APC 5672. The OPPS Addendum A rate is $144.73. This is multiplied by 60% for an unadjusted labor amount of $86.84, in turn multiplied by facility wage index 0.8444 for an adjusted labor amount of $73.33. The non-labor portion is 40% of the APC rate, or $57.89. The sum of the labor and non-labor portions is $131.22. The Medicare facility specific amount is $131.22. This is multiplied by 200% for a MAR of $262.44.

- Procedure code 85025 has status indicator Q4 reimbursement is included with payment for the primary services.
- Procedure code 87640 has status indicator Q4 reimbursement is included with payment for the primary services
- Procedure code 87641 has status indicator Q4 reimbursement is included with payment for the primary services.

2. The total recommended reimbursement for the disputed services is $868.64. The insurance carrier paid $257.40. The requestor is seeking additional reimbursement of $298.48. This amount is recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has established payment is due. As a result, the amount ordered is $298.48.

ORDER

In accordance with Texas Labor Code Section 413.031 and 413.019 (if applicable) and based on the submitted information, DWC finds the requestor is entitled to additional reimbursement. DWC hereby ORDERS the respondent to remit to the requestor $298.48, plus accrued interest per Rule §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	April 30, 2020 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC 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 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.