



# 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**

Baptist St Antonys Hlth

**Respondent Name**

Indemnity Insurance Co of North America

**MFDR Tracking Number**

M4-20-2371-01

**Carrier's Austin Representative**

Box Number 15

**MFDR Date Received**

May 28, 2020

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** None submitted.

**Amount in Dispute:** \$162.87

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Please see attached EOBs. The Carrier has paid a total of \$10,136.60, which is the allowable reimbursement for CPT code 27766. This amount is inclusive of the entire hospital admission. Therefore, no additional reimbursement is owed."

**Response Submitted by:** Downs Stanford, P.C.

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 4 – 5, 2019	Outpatient Hospital Services	\$162.87	\$162.87

### 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 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
  - 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 \$162.87 for outpatient hospital services rendered in October 2019. The insurance carrier reduced the disputed services based on bundling and workers compensation fee schedule.

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](http://www.cms.gov), Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC).

2. Review of the submitted medical bill and the applicable fee guideline is shown below.

- Procedure code J7120 has status indicator N reimbursement is packaged.
- Procedure code C1713 has status indicator N reimbursement is packaged.
- Procedure code 36415 has status indicator Q4 for packaged labs reimbursement is included with payment for the primary services.
- Procedure code 80053 has status indicator Q4 for packaged labs reimbursement is included with payment for the primary services.
- Procedure code 82962 has status indicator Q4 for packaged labs reimbursement is included with payment for the primary services.
- Procedure code 85025 has status indicator Q4 for packaged labs reimbursement is included with payment for the primary services.
- Procedure code 73610 has status indicator Q1 reimbursement is packaged with payment for primary J1 service.
- Procedure code 73610 has status indicator Q1 reimbursement is packaged with payment for primary J1 service
- Procedure code 11012 has a J1 status indicator but is ranked at 2182. Per Medicare payment policy only the highest ranking code is reimbursed.
- Procedure code 27766 has status indicator J1 and a ranking of 492. All covered services on the bill are packaged.

This code is assigned APC 5114. The OPPS Addendum A rate is \$5,699.59. This is multiplied by 60% for an unadjusted labor amount of \$3,419.75, in turn multiplied by facility wage index 0.8444 for an adjusted labor amount of \$2,887.64. (Please note: Medicare updates Wage Index factors every October 1st, effective for the Federal Fiscal Year – not the calendar year.)

The non-labor portion is 40% of the APC rate, or \$2,279.84. The sum of the labor and non-labor portions is \$5,167.48.

The Medicare facility specific amount is \$5,167.48. This is multiplied by 200% for a MAR of \$10,334.96.

- Procedure code 90471, billed October 4, 2019, has status indicator Q1 reimbursement is packaged with payment for primary J1 service.
- Procedure code 96372, reimbursement is packaged with payment for primary J1 service.

- Procedure code 99285, billed October 4, 2019 has a status indicator of J2 when comprehensive payment criteria is met and V when criteria is not met. Reimbursement is packaged with payment for primary J1 service.
  - Procedure code 94761 has a status indicator N reimbursement is included with payment for primary services.
  - Procedure code 90715, billed October 4, 2019, has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J0330 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J0690, billed October 4, 2019, has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J0690 has status indicator N reimbursement is included with payment for the primary services
  - Procedure code J1100 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J1650 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J1885 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J2250 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J2270 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J2405 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J2405 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J2704 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J2765 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J3010 has status indicator N reimbursement is included with payment for the primary services.
  - Procedure code J3475 has status indicator N reimbursement is included with payment for the primary services.
3. The total recommended reimbursement for the disputed services is \$10,334.96. The insurance carrier paid \$10,136.80. The requestor is seeking additional reimbursement of \$162.87. 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 \$162.87.

**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 \$162.87, plus accrued interest per Rule §134.130, due within 30 days of receipt of this order.

Authorized Signature

_____	P	_____	June 22, 2020
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 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.**