



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

East Texas Education Ins Assn

MFDR Tracking Number

M4-20-2471-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

June 4, 2020

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: \$1,768.11

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Based on the above, we find an additional \$9.50 was due and this payment was issued on 6/17/20. It is our position that \$8758.49 was due and with the \$9.50 being issued, no additional reimbursement would be due."

Response Submitted by: Claims Administrative Services, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 15, 2020	Outpatient Hospital Services	\$1,768.11	\$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 or denied the payment for the disputed services with the following claim adjustment codes:
 - 370 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup
 - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated

- 616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS
- 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 \$1,768.11 for outpatient hospital services rendered on January 14 -15, 2020. 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, Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC).

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

- Procedure code C1781 has status indicator N reimbursement is included with payment for the primary services.
- Procedure code 36415, billed January 14, 2020, has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.
- Procedure code 80048, billed January 14, 2020, 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 85027, billed January 14, 2020, has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.
- Procedure code 49653 has a status indicator of J1 and APC of 5361. The APC rate is \$4,833.71. 28 TAC §134.403 (f) states when separate reimbursement is not requested the Medicare specific payment amount is multiplied by 200%.

The Medicare specific amount is calculated by multiplying the APC rate by 60% to determine the labor amount or \$2,900.23.

This amount is then multiplied by the facility specific wage index for the date of service 0.8433 for an adjusted labor amount of \$2,445.76.

The non-labor amount is determined by multiplying the APC rate time 40% or \$1,933.48.

These two amounts are added together for an allowable of \$4,833.71. This amount is multiplied by 200% for a MAR of \$8,758.48.

- Procedure code 31720 has status indicator Q1 and is packaged into primary procedure.
- Procedure code 94002 has status indicator Q3 and is packaged into primary procedure.
- Procedure code 94762 has status indicator Q3 and is packaged into primary procedure. Total packaged cost is allocated to the composite line in proportion to other separately paid services on the bill. The payment for composite services is calculated below.
- Procedure code J2765 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 J2250 has status indicator N, for packaged codes integral to the total service package with no separate payment; 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 J3010 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 J1956 has status indicator N, reimbursement is included with payment for the primary services.
 - Procedure code J2710 has status indicator N, reimbursement is included with payment for the primary services.
 - Procedure code A9270 has status indicator E1, for excluded or non-covered codes not payable on an outpatient bill. Payment is not recommended.
 - Procedure code 96374 has a status indicator S and is packaged into primary procedure.
2. The total recommended reimbursement for the disputed services is \$8,758.48. The insurance carrier paid \$8,758.49. Additional payment is not 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 not established payment 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	June 26, 2020 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 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.