



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

Doctors Hospital at Renaissance

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-21-0001-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 27, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Payment received was only \$5,338.59, thus according to these calculations; there is a pending payment in the amount of \$4,777.55."

Amount in Dispute: \$4,390.16

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider has already been reimbursed pursuant to the Medical Fee Guidelines. The Provider is not entitled to any additional reimbursement."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 14, 2020	Outpatient Hospital Services	\$4,390.16	\$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:
 - 97 – 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 \$4,390.16 for outpatient hospital services rendered on May 14, 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).

28 TAC 134.403 (f) states in pertinent part the reimbursement calculation used for establishing the MAR shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the *Federal Register*. The sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 143 percent when a separate request for implant reimbursement is not made and 108 percent when separate reimbursement for implants is made.

The Medicare facility specific amount is calculated when the APC payment rate is multiplied by 60% to determine the labor portion. This amount is multiplied by the facility wage index for the date of service. The non-labor amount is determined when the APC payment rate is multiplied by 40%. The sum of the labor portion multiplied by the facility wage index and the non-labor portion determines the Medicare specific amount. Review of the submitted medical bill and the applicable fee guidelines referenced above is shown below.

- The services provided include a surgery that is classified as J1 which means all codes except for those with status indicators F,G,H,L, or U are packaged with the primary J1 service.
- Procedure code C1713 has status indicator N reimbursement is included with payment for the primary services.
- Procedure code 87635 has status indicator L this service is packaged into primary J1 service.
- Procedure code 29880 has a status indicator of J1. Medicare payment policy at www.cms.gov requires pay of the highest ranking J1 receives payment. The ranking of this procedure is 1815. The ranking of Code 29873 is 1698. This is the highest ranking J1 code and will receive reimbursement.
- Procedure code 29873 has status indicator J1, for procedures paid at a comprehensive rate. This code is assigned APC 5113. The OPPS Addendum A rate is \$2,737.45.

This is multiplied by 60% for an unadjusted labor amount of \$1,642.47, in turn multiplied by facility wage index 0.8433 for an adjusted labor amount of \$1,385.09.

The non-labor portion is 40% of the APC rate, or \$1,094.98.

The sum of the labor and non-labor portions is \$2,480.07.

The Medicare facility specific amount is \$2,480.07. This is multiplied by 200% for a MAR of \$4,960.14.

- Procedure code 94002 has status indicator Q3 this service is packaged into primary J1 service.
- Procedure code 31720 has status indicator Q1 this service is packaged into primary J1 service.

- Procedure code 94640 has status indicator Q1 this service is packaged into primary J1 service.
 - Procedure code 31720 has status indicator Q1 this service is packaged into primary J1 service.t.
 - Procedure code 94640 has status indicator Q1 this service is packaged into primary J1 service.
 - Procedure code 94660 has status indicator Q1 this service is packaged into primary J1 service.
 - Procedure code 94762 has status indicator Q3 this service is packaged into primary J1 service.
 - Procedure code 94770 has status indicator S this service is packaged into primary J1 service.
 - Procedure code J0690 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.
2. The total recommended reimbursement for the disputed services is \$4,960.14. The insurance carrier paid \$5,338.59. 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

		October 9, 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.