



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Paris Regional Medical Center

Respondent Name

Nationwide Agribusiness Insurance Co

MFDR Tracking Number

M4-22-0186-01

Carrier's Austin Representative

Box Number 6

DWC Date Received

September 28, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 29, 2020	Rev codes 250-636	\$688.53	\$688.53
Total		\$688.53	\$688.53

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$688.53

Respondent's Position

Nationwide has confirmed that Claimant reported a completely different incident on (redacted) and is paying the bill on that claim. As such, Nationwide request that this dispute be withdrawn and that the Provider take note of the appropriate date of injury and claim number.

Response Submitted by: Stone Loughlin Swanson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.403 sets out the fee guidelines for outpatient hospital services.

Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 192 – Non standard adjustment code from paper remittance
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 250 – The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/documentation is still missing

Issues

1. Did the respondent support their position?
2. What rule applies for determining reimbursement for the disputed services?
3. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of emergency room services in September 2020. The insurance carrier states the claim would be paid. Insufficient evidence was found to support that the claim was paid. The disputed services will be reviewed per applicable fee guideline.
2. DWC Rule 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 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.

- 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 96372 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V. This code is paid separately only if OPPS criteria are met.
- Procedure code 99284 has status indicator J2, for outpatient visits (subject to comprehensive packaging if 8 or more hours observation billed). This code is assigned APC 5024. The OPPS Addendum A rate is \$351.79. This is multiplied by 60% for an unadjusted labor amount of \$211.07, in turn multiplied by facility wage index 0.9655 for an adjusted labor amount of \$203.79. The non-labor portion is 40% of the APC rate, or \$140.72. The sum of the labor and non-labor portions is \$344.51. The cost of services does not exceed the threshold for outlier payment. The Medicare facility specific amount is \$344.51. This is multiplied by 200% for a MAR of \$689.02.
- Procedure code J1885 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.

3. The total recommended reimbursement for the disputed services is \$689.02. The insurance carrier paid \$0.00. The requestor is seeking additional reimbursement of \$688.53. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement of \$688.53 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Nationwide Agribusiness Insurance Co must remit to Paris Regional Medical Center \$688.53 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.}

Authorized Signature

November 1, 2021

Date

Signature

Medical Fee Dispute Resolution Officer

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.