

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Regional Medical Center

Respondent Name

National Liability Insurance Co

MFDR Tracking Number

M4-22-0834-01

Carrier's Austin Representative

Box Number 6

DWC Date Received

January 6, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 27, 2021	99283	\$452.31	\$0.00

Requestor's Position

The requestor did not include a position statement but did submit a copy of their reconsideration that states, "According to TX workers compensation fee schedule the expected reimbursement for DOS 5/27/2021 is \$927.86. Previous payment received totaled \$475.55 leaving a balance of \$452.31.

Amount in Dispute: \$452.31

Respondent's Position

The Austin carrier representative for National Liability & Fire Ins is Stone Louglin & Swanson LLP. The representative was notified of this medical fee dispute on January 11, 21022.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We

will base this decision on the information available.

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 and denied the payment for the disputed services with the following claim adjustment codes:

- 236 – This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the NCCI or workers compensation state regulations/fee schedule requirements
- 370 - This hospital outpatient allowance was calculated according to the APC rates plus a markup
- 435 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure
- 616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service
- 97 – The benefit for this service is included in the payment allowance for another service/procedure performed on the same date of service
- P12 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. What rule applies for determining reimbursement for the disputed services?
2. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking additional reimbursement of emergency room service rendered in May 2021.

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).

DWC Rule 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 96374 reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended per NCCI edits.
- Procedure code 96375 reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended per NCCI edits.
- Procedure code 80053 has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.
- Procedure code 85007 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.
- The comprehensive observation criteria is not met as eight or more hours observations was not billed in conjunction with procedure code 99283. That make this code assigned to APC 5023 with a status indicator of V. The OPPS Addendum A rate is \$231.60 multiplied by 60% for an unadjusted labor amount of \$138.96, in turn multiplied by facility wage index 0.9655 for an adjusted labor amount of \$134.17.

The non-labor portion is 40% of the APC rate, or \$92.64.

The sum of the labor and non-labor portions is \$226.81.

The Medicare facility specific amount is \$226.81 multiplied by 200% for a MAR of \$453.62.

- Procedure code J2270 has status indicator N, for packaged codes integral to the total service package with no separate payment.
 - Procedure code J2405 has status indicator N, for packaged codes integral to the total service package with no separate payment.
 - Procedure code 93005 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V.
 - Procedure code 90471 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V.
 - Procedure code 90715 has status indicator N, for packaged codes integral to the total service package with no separate payment.
2. The total allowed amount is \$453.62. The insurance carrier paid \$475.55 no additional payment is due.

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 requestor has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 11, 2022

Date

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.