

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baptist Medical Center

Respondent Name

Hartford Fire Insurance Co

MFDR Tracking Number

M4-22-1239-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

February 22, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 2, 2021	0730	812.00	\$0.00
March 2, 2021	0300	2051.00	\$0.00
March 5, 2021	0170	12193.00	\$0.00
March 5, 2021	0370	9727.00	\$0.00
March 5, 2021	0250	403.00	\$0.00
March 5, 2021	0636	708.00	\$0.00
March 5, 2021	0360	39764.34	\$0.00
March 5, 2021	0278	8631.64	\$0.00
March 5, 2021	0320	1334.00	\$0.00
March 2 – 5, 2021	Fee Adjustments	-6825.25	\$0.00
	Total	\$7398.73	\$0.00

Requestor's Position

The Hartford has not rendered proper payment.

Amount in Dispute: \$7398.73

Respondent's Position

The bill in question was processed correctly on 5/13/2021 under cn 216566234 paying \$11382.66.

Response submitted by: The Hartford

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:

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

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

Findings

1. 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 80053, billed March 2, 2021, has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.
- Procedure code 85025, billed March 2, 2021, has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.
- Procedure code U0002, billed March 2, 2021 has a status indicator of A and is included in the reimbursement of the primary procedure.
- Procedure code 73600 is packaged into primary procedure.
- Procedure code 27610 has a J1 status indicator. The applicable Medicare payment policy states, *When multiple J1 services are reported on the same claim, the single payment is based on the rate associated with the highest ranking J1 service.*

The ranking of Code 27610 is 2,035. The ranking of Code 27695 is 723. Code 27695 is the highest ranking and receives the single payment.

- Procedure code 27695 has status indicator J1, for procedures paid at a comprehensive rate. All covered services on the bill are packaged with the primary "J1" procedure.

This code is assigned APC 5114. The OPPS Addendum A rate is \$6,264.95 multiplied by 60% for an unadjusted labor amount of \$3,758.97, in turn multiplied by facility wage index 0.8474 for an adjusted labor amount of \$3,185.35.

The non-labor portion is 40% of the APC rate, or \$2,505.98.

The sum of the labor and non-labor portions is \$5,691.33.

The Medicare facility specific amount is \$5,691.33 multiplied by 200% for a MAR of \$11,382.66.

- Procedure code 1999 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code 93005, billed March 2, 2021 is packaged into primary procedure.

2. The total recommended reimbursement for the disputed services is \$11,382.66. The insurance carrier paid \$11,382.64. Additional payment is not 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 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

_____	_____	March 16, 2022
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 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.