



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Texas Spine and Joint Hospital

**Respondent Name**

Liberty Mutual Fire Insurance Co

**MFDR Tracking Number**

M4-22-1598-01

**Carrier's Austin Representative**

Box Number 1

**DWC Date Received**

March 29, 2022

### Summary of Findings

| Dates of Service   | Disputed Services | Amount in Dispute | Amount Due |
|--------------------|-------------------|-------------------|------------|
| September 14, 2021 | 0270/2709650      | \$6399.00         | \$0.00     |
| September 14, 2021 | 0250              | 178.95            | \$0.00     |
| September 14, 2021 | 0250              | 8.25              | \$0.00     |
| September 14, 2021 | 0256              | 6.00              | \$0.00     |
| September 14, 2021 | 0258              | 15.25             | \$0.00     |
| September 14, 2021 | 0270              | 23.00             | \$0.00     |
| September 14, 2021 | 0370              | 5219.00           | \$0.00     |
| September 14, 2021 | 0710              | 384.00            | \$0.00     |
|                    | Total             | \$12,233.45       | \$0.00     |

### Requestor's Position

"The Hospital's position is that the treatment was authorized by Liberty Mutual's utilization review company, Medcall; and that this treatment is in fact payable under the Medicare OPPS guidelines."

**Amount in Dispute:** \$12,233.45

### Respondent's Position

"CPT 27096 is found to have Status Indicator B which shows CPT is not paid under OPPTS. Also, this code is a non-surgical procedure, not Medicare allowable in an ASC; therefore, it would not be payable on this OP bill since TX follows Medicare."

**Response submitted by:** Liberty Mutual

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

- The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determined the service is packaged or excluded from payment
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 747 – Service not paid under Medicare OPPTS

### Issues

1. What rule applies for determining reimbursement for the disputed services?

### Findings

1. The requestor is seeking reimbursement of services rendered in an outpatient hospital in September 2021. The insurance carrier denied the disputed charge based on the status indicator "B" not being payable under Medicare OPPTS.

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](http://www.cms.gov), Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC).

Review of Addendum B found at [www.cms.gov](http://www.cms.gov), found HCPCS code 27096 has a status indicator of B which is defined as "Not paid under OPPS. Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type."

The insurance carrier's denial is supported. No reimbursement 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 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**

|           |  |             |
|-----------|--|-------------|
| _____     | _____                                  | May 2, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).