TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Texas Health of Denton

Respondent Name
Tx Assoc of Counties Rmp

MFDR Tracking Number
M4-22-2454-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
July 20, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 4 - September 13, 2021	0200		$0.00
August 4 - September 13, 2021	0206		$0.00
August 4 - September 13, 2021	0250		$0.00
August 4 - September 13, 2021	0258		$0.00
August 4 - September 13, 2021	0270		$0.00
August 4 - September 13, 2021	0272		$0.00
August 4 - September 13, 2021	0300		$0.00
August 4 - September 13, 2021	0301		$0.00
August 4 - September 13, 2021	0302		$0.00
August 4 - September 13, 2021	0305		$0.00
August 4 - September 13, 2021	0306		$0.00
August 4 - September 13, 2021	0307		$0.00

August 4 - September 13, 2021	0309		$0.00
August 4 - September 13, 2021	0320		$0.00
August 4 - September 13, 2021	0352		$0.00
August 4 - September 13, 2021	0360		$0.00
August 4 - September 13, 2021	0390		$0.00
August 4 - September 13, 2021	0410		$0.00
August 4 - September 13, 2021	0412		$0.00
August 4 - September 13, 2021	0450		$0.00
August 4 - September 13, 2021	0636		$0.00
August 4 - September 13, 2021	0730		$0.00
	Total	$23,680.78	$0.00

Requestor's Position

"DRG Code 207 MFA = $90,128.12 x 143% = $128,883.21 (See attached PC Pricer worksheet for DRG)."

Amount in Dispute: $23,680.78

Respondent's Position

"…However, Texas Health of Denton failed to demonstrate it was entitled to additional reimbursement. Rather, TAC RMP reviewed the disputed payments and confirmed TAC RMP issued benefits in accordance with the Texas Workers' Compensation Act and Division Rules."

Response Submitted by: Burns Anderson Jury & Brenner L.L.P.

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 §134.404 sets out the acute care hospital fee guideline for inpatient services.

Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- 6514 – Timely filing denial reconsidered
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- W3 – Bill is a reconsideration or appeal

Issues

1. What is the applicable rule for determining reimbursement for the disputed services?
2. Is the requestor entitled to additional payment?

Findings

1. This dispute regards inpatient hospital facility services with payment subject to 28 TAC §134.404(f), requiring the maximum allowable reimbursement (MAR) to be the Medicare facility specific amount (including outlier payments) applying Medicare Inpatient Prospective Payment System (IPPS) formulas and factors, as published annually in the Federal Register, with modifications set forth in the rules. Medicare IPPS formulas and factors are available from the Centers for Medicare and Medicaid Services at http://www.cms.gov.

   The division calculates the Medicare facility specific amount using Medicare's *Inpatient PPS PC Pricer* as a tool to efficiently identify and apply IPPS formulas and factors. This software is freely available from www.cms.gov.

   Note: the "VBP adjustment" listed in the *PC Pricer* was removed in calculating the facility amount for this admission. Medicare's Value-Based Purchasing (VBP) program is an initiative to improve quality of care in the Medicare system. However, such programs conflict with Texas Labor Code sections 413.0511 and 413.0512 regarding review and monitoring of health care quality in the Texas workers' compensation system. Rule §134.404(d)(1) requires that specific Labor Code provisions and division rules take precedence over conflicting CMS provisions for administering Medicare. Consequently, VBP adjustments are not considered in determining the facility reimbursement.

   Separate reimbursement for implants was not requested. 28 TAC §134.404(f)(1)(A) requires that the Medicare facility specific amount be multiplied by 143%.

   Review of the submitted medical bill and supporting documentation finds the assigned DRG code to be 207. The service location is Denton, TX. Based on DRG code, service location, and bill-specific information, the Medicare facility specific amount is $72,361.00. This amount multiplied by 143% results in a MAR of $103,476.23.

2. The total recommended payment for the services in dispute is $103,476.23. The insurance carrier has paid $105,202.43. No additional payment 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

		August 22, 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 electronico CompConnection@tdi.texas.gov.