



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Orthopedic & Spine Hospital

Respondent Name

Ace American Insurance Co

MFDR Tracking Number

M4-22-2773-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

August 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 14, 2022	C1713	\$322.46	\$0.00
February 14, 2022	L8699	\$169.90	\$0.00
February 14, 2022	97116	\$54.09	\$0.00
February 14, 2022	97161	\$183.98	\$0.00
February 14, 2022	28415	\$0.00	\$0.00
	Total	\$730.43	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR.

Amount in Dispute: \$730.43

Respondent's Position

"According Texas Administrative Code "Medicare payment policy" no payment is due for 97116, 97161 based on the OPPS status indicator with service code 28415 status indicator of J1. LMI allowed payment at the line charge amount, this is the lesser of, invoice amount vs. net amount plus 10%, LMI cannot pay the provider higher than the line charge / invoice amount as advised in

the Texas Administrative Code, attachment 1.”

Response submitted by: Liberty Mutual Insurance

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:

- 4913 – The charge for the service represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determines the services packaged or excluded from payment
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 876 – Fee schedule amount is equal to the charge
- 802 – Charge for this procedure exceeds the OPSS schedule allowance

Issues

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

Findings

1. The requestor is seeking additional payment for implants and physical therapy services rendered during and outpatient hospital surgery rendered in February 2022. The insurance carrier denied codes 97116 and 97161 as bundled and paid the implants per the fee schedule.

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).

Procedure codes 97116 and 97161 have status indicators of "A" and billed with code 28415 which has a status indicator of J1. Separate payment of Part B services billed with J1 procedures is available for codes with OPPS status indicator of "F", "G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; services assigned to a new technology APC; self-administered drugs; all preventive services; and certain Part B inpatient services; and FDA-authorized or approved drugs and biologicals (including blood products) that are authorized or approved to treat or prevent COVID-19. Codes 97116 and 97161 are bundled into code 28415. No separate payment is recommended.

DWC Rule 134.403 (g)(1) states in pertinent part, a facility or surgical implant provider billing separately for an implantable shall include with the billing a certification that the amount billed represents the actual cost (net amount, exclusive of rebates and discounts) for the implantable. The certification shall include the following sentence: "I hereby certify under penalty of law that the following is the true and correct actual cost to the best of my knowledge." Review of the submitted documentation found insufficient evidence to support the billing certification was included with the request for MFDR. 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

_____	_____	October 26, 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.