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
Doctors Hospital at Renaissance

Respondent Name
La Joya ISD

MFDR Tracking Number
M4-23-0655-01

Carrier's Austin Representative
Box Number 29

DWC Date Received
November 11, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
05/12/2022	N417478082301ML	$0.00	$0.00
05/12/2022	Pre-Op Inj IV Push Initial	$0.00	$0.00
05/12/2022	Dressing ABD Pad 8" x 10"	$0.00	$0.00
05/12/2022	C1894	$0.00	$0.00
05/12/2022	L1830	$0.00	$0.00
05/12/2022	C1713	$0.00	$0.00
05/10/2022	0202U	$0.00	$0.00
05/10/2022	36415	$0.00	$0.00
05/10/2022	80048	$0.00	$0.00
05/12/2022	82962	$0.00	$0.00
05/10/2022	85027	$0.00	$0.00
05/10/2022	85610	$0.00	$0.00
05/10/2022	85730	$0.00	$0.00
05/12/2022	29807	$0.00	$0.00
05/12/2022	29827	$2862.49	$0.00
05/12/2022	Anesthesia Gen Level-F1	$0.00	$0.00
05/12/2022	J2405	$0.00	$0.00
05/12/2022	94640	$343.60	$0.00
05/12/2022	J2704	$0.00	$0.00

05/12/2022	J0690	$0.00	$0.00
05/12/2022	J1100	$0.00	$0.00
05/12/2022	J3010	$0.00	$0.00
05/12/2022	J2710	$0.00	$0.00
05/12/2022	A9270	$0.00	$0.00
05/12/2022	Recovery Room 1st Hour	$0.00	$0.00
	Total	$3,206.09	$0.00

Requestor's Position

Requestor did not submit a position statement.

Amount in Dispute: $3,206.09

Respondent's Position

"The allowance on this bill in dispute is correct per the OPPS fee guidelines"

Response submitted by: Dean G. Pappas, PLLC

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:

- 16 – Claim/service lacks information or has submission/billing erros(s)
- 96 – Non-covered charge(s)
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 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 payment of services rendered as part of outpatient hospital services. 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 (e) states in pertinent part, regardless of billed amount, when no specific fee schedule or contract reimbursement shall be the maximum allowable reimbursement (MAR) amount under subsection (f) of this section including any applicable outlier payment amounts and reimbursement for implantables.

   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 C1894 has status indicator N, for packaged codes integral to the total service package with no separate payment.
   - Procedure code L1830 is included in the comprehensive payment.
   - Procedure code C1713 has status indicator N, for packaged codes integral to the total service packages.
   - Procedure code 0202U, billed May 10, 2022, is included in the comprehensive payment.
   - Procedure code 36415, billed May 10, 2022, has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.

- Procedure code 80048 has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.

- Procedure code 82962, billed May 10, 2022, has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.

- Procedure code 85027, billed May 10, 2022, has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.

- Procedure code 85610, billed May 10, 2022, has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.

- Procedure code 85730 has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.

- Procedure code 29807 has a status indicator J1. Per the Medicare payment policy found at www.cms.gov, Claims processing manual, Chapter 4, Section 10.2.3, "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." Procedure code 29827 has a ranking of 442. Procedure Code 29807 has a ranking of 513. Procedure code 29827 receives the single payment.

- Procedure code 29827 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 $6,397.05 multiplied by 60% for an unadjusted labor amount of $3,838.23, in turn multiplied by facility wage index 0.8249 for an adjusted labor amount of $3,166.16.

  The non-labor portion is 40% of the APC rate, or $2,558.82.

  The sum of the labor and non-labor portions is $5,724.98.

  The Medicare facility specific amount is $5,724.98. This is multiplied by 200% for a MAR of $11,449.96.

- Procedure code 94640 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for the comprehensive payment.

- Procedure code J2405 has status indicator N, for packaged codes integral to the total service package with no separate payment.

- Procedure code J2704 has status indicator N, for packaged codes integral to the total service package with no separate payment.

- Procedure code J0690 has status indicator N, for packaged codes integral to the total service package with no separate payment.

- Procedure code J1100 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J3010 has status indicator N, for packaged codes integral to the total service package with no separate payments.
- Procedure code J2710 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code A9270 has status indicator E1, for excluded or non-covered codes not payable on an outpatient bill. Payment is not recommended.

2. The total recommended reimbursement for the disputed services is $11,922.73. The insurance carrier paid $12,256.54. 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

Signature	Medical Fee Dispute Resolution Officer	December 21, 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 electronico CompConnection@tdi.texas.gov.