TDI Division of Workers' Compensation

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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Doctors Hospital at Renaissance

Respondent Name
Hartford Insurance Co of Illinois

MFDR Tracking Number
M4-23-0960-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
December 27, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 21, 2022	G0480	$0.00	$0.00
March 21, 2022	80053	$0.00	$0.00
March 21, 2022	84703	$0.00	$0.00
March 21, 2022	85025	$0.00	$0.00
March 21, 2022	85610	$0.00	$0.00
March 21, 2022	85730	$0.00	$0.00
March 21, 2022	73590	$0.00	$0.00
March 21, 2022	73590	$147.86	$0.00
March 21, 2022	72170	$199.02	$0.00
March 21, 2022	73600	$147.86	$0.00
March 21, 2022	71045	$147.86	$0.00
March 21, 2022	73700	$147.86	$0.00
March 21, 2022	99284	$664.98	$0.00
March 21, 2022	29515	$258.26	$0.00
March 21, 2022	27818	$2,546.12	$0.00
March 21, 2022	J0390	$0.00	$0.00
March 21, 2022	Ed Trauma Team Level 2 W/	$0.00	$0.00
March 21, 2022	96374	$373.96	$0.00
	Total	$4,633.78	$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR but did submit a copy of there reconsideration that states, "After reviewing the account we have concluded that reimbursement received was inaccurate. "Based on CPT Code 73590, allowed amount of $73.93, multiplied by 200%, CPT Code 72170, allowed amount of $99.51, multiplied at 200%, CPT Code 73600, allowed amount of $73.93 x 2, multiplied at 200%, CPT Code 71045, allowed amount of $73.93, multiplied at 200%, CPT Code 73700, allowed amount of $99.51, multiplied at 200%, CPT Code 99284, allowed amount of $332.49, multiplied at 200%, CPT Code 29515, allowed amount of $129.13, multiplied at 200%, CPT Code 27818, allowed amount of $1,273.06, multiplied 200% and CPT Code 96374, allowed amount of $186.98, multiplied at 200% reimbursement should be $5,031.82. Payment received $2,546.12 thus, according to these calculations; there is a pending payment in the amount of $2,485.70."

Amount in Dispute: $4,633.78

Respondent's Position

"Please see the EOBs included in with Requestor's DWC-60. The Carrier has paid a total of $2,546,12. This amount was inclusive of the entire surgical procedure, The APC plus the markup. In conclusion, Requestor is not owed any additional reimbursement for the surgical procedure."

Response submitted by: Downs Stanford PC

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:

- W3 – Bill is reconsideration or appeal
- 802 – Charge for this procedure exceeds the OPPS schedule allowance
- P12 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. What rule is applicable to reimbursement?

2. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking additional reimbursement for outpatient hospital services rendered in March 2022. The insurance carrier reduced the payment based on workers' compensation 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).

   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 G0480 has status indicator Q4, for packaged labs. Not separately paid unless bill contains only status Q4 HCPCS codes listed in the Clinical Lab Fee Schedule.

   - Procedure code 80053 has status indicator Q4, for packaged labs. Not separately paid unless bill contains only status Q4 HCPCS codes listed in the Clinical Lab Fee Schedule.

   - Procedure code 84703 has status indicator Q4, for packaged labs. Not separately paid unless bill contains only status Q4 HCPCS codes listed in the Clinical Lab Fee Schedule.

   - Procedure code 85025 has status indicator Q4, for packaged labs. Not separately paid unless bill contains only status Q4 HCPCS codes listed in the Clinical Lab Fee Schedule.

   - Procedure code 85610 has status indicator Q4, for packaged labss. Not separately paid unless bill contains only status Q4 HCPCS codes listed in the Clinical Lab Fee Schedule.

- Procedure code 85730 has status indicator Q4, for packaged labs. Not separately paid unless bill contains only status Q4 HCPCS codes listed in the Clinical Lab Fee Schedule.
- Procedure code 73590 has status indicator Q1, for STV-packaged codes; reimbursement is packaged into primary comprehensive code.
- Procedure code 72170 has status indicator Q1, for STV-packaged codes; reimbursement is packaged into primary comprehensive code.
- Procedure code 73600 has status indicator Q1, for STV-packaged codes; reimbursement is packaged into primary comprehensive code.
- Procedure code 71045 has status indicator Q3, and is packaged into primary comprehensive code.
- Procedure code 73700 has status indicator Q3, and is packaged into primary comprehensive code.
- Procedure code 99284 is packaged into primary comprehensive code.
- Procedure code 29515 is packaged into primary comprehensive code.
- Procedure code 27818 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 5112. The OPPS Addendum A rate is $1,422.51 multiplied by 60% for an unadjusted labor amount of $853.51, in turn multiplied by facility wage index 0.8249 for an adjusted labor amount of $704.06.

  The non-labor portion is 40% of the APC rate, or $569.00.

  The sum of the labor and non-labor portions is $1,273.06.

  The Medicare facility specific amount is $1,273.06 multiplied by 200% for a MAR of $2,546.12.
- Procedure code J0360 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code 96374 is packaged into primary comprehensive code.

2. The total recommended reimbursement for the disputed services is $2,546.12. The insurance carrier paid $2,546.12. Additional payment is not recommended.

<u>Conclusion</u>

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

		February 8, 2023
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.