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
NORTH CENTRAL BAPTIST MEDICAL CENTER

Respondent Name
CITY OF SAN ANTONIO

MFDR Tracking Number
M4-23-1581-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
March 07, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 9, 2022 to March 11, 2022	Hospital Outpatient	$4,204.67	$0.00

Requestor's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary serices on the above dates of service. The Hospital billed CCMS, but the bill was underpaid. However, despite the Hospital's efforts and Request for Reconsideration CCMSI has not rendered proper payment."

Amount in Dispute: $4,204.67

Respondent's Position

"We are in receipt of the Medical Dispute Resolution DWC-60 conerning the above claimant from North Central Baptist Medical for date of service 3/9-3/11/22. Based on a review of the submitted documentation a recommendation is not warranted due to the bill being processed per current TDI/Medicare Guidelines and Fee Schedule in place for Outpatient Facility billing. Therefore, no additional recommendation is required."

Response Submitted by: IMO

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 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 TAC §134.403 sets out the acute care hospital fee guideline for outpatient services.

Denial Reasons

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

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processe properly
- W3 – TDI Level 1 Appeal means a request for reconsideration for under 133.250 of this title or an appeal of an adverse determination under Chapter 19 Subchapter Uf of this tile

Issues

1. What is the recommended payment amount for the services in dispute?
2. Is the requestor entitled to additional reimbursement?

Findings

1. This dispute regards outpatient hospital facility services with payment subject to 28 Texas Administrative Code §134.403, requiring the maximum allowable reimbursement (MAR) to be the Medicare facility specific amount (including outlier payments) applying Medicare Outpatient Prospective Payment System (OPPS) formulas and factors, as published annually in the Federal Register, with modifications set forth in the rules. Medicare OPPS formulas and factors are available from the Centers for Medicare and Medicaid Services at http://www.cms.gov.

   Rule §134.403(f)(1) requires the sum of the Medicare facility specific amount and any outlier payments be multiplied by 200 percent for the March 9, 2022 to March 11, 2022 services in dispute. , unless a facility or surgical implant provider requests separate payment of implantables. Separate reimbursement for implants was not requested.

   Medicare assigns an Ambulatory Payment Classification (APC) to OPPS services based on billed procedure codes and supporting documentation. The APC determines the payment rate.

Reimbursement for ancillary items and services is packaged with the APC payment. CMS publishes quarterly APC rate updates, available at www.cms.gov.

Reimbursement for the disputed services is calculated as follows:

- Procedure code 70496 has status indicator Q3, for conditionally packaged codes paid as a composite if OPPS criteria are met. As packaging criteria were not met, this line is separate.
- Procedure code 70498 has status indicator Q3, for conditionally packaged codes paid as a composite if OPPS criteria are met. As packaging criteria were not met, this line is separate.
- Per Medicare policy, procedure code 97110, billed March 11, 2022, may not be reported with another code billed on this same claim. Reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended.
- Per Medicare policy, procedure code 97116, billed March 11, 2022, may not be reported with another code billed on this same claim. Reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended.
- Per Medicare policy, procedure code 97163 may not be reported with another code billed on this same claim. Reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended.
- Per Medicare policy, procedure code 97166 may not be reported with another code billed on this same claim. Reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended.
- Per Medicare policy, procedure code 92523 may not be reported with another code billed on this same claim. Reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended.
- Per Medicare policy, procedure code 92610 may not be reported with another code billed on this same claim. Reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended.
- Per Medicare policy, procedure code 96374, billed March 9, 2022, may not be reported with another code billed on this same claim. Reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended.
- Per Medicare policy, procedure code 96375, billed March 9, 2022, may not be reported with another code billed on this same claim. Reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended.
- Per Medicare policy, procedure code 99285, billed March 9, 2022, may not be reported with another code billed on this same claim. Reimbursement for this is included with payment for the primary procedure. Separate payment is not recommended.
- Procedure code 94760, billed March 9, 2022, has status indicator N, for packaged codes integral to the total service package with no separate payment; reimbursement is included with payment for the primary services.

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- Procedure code 94760, billed March 11, 2022, has status indicator N, for packaged codes integral to the total service package with no separate payment; reimbursement is included with payment for the primary services.
- Procedure code 94760, billed March 11, 2022, has status indicator N, for packaged codes integral to the total service package with no separate payment; reimbursement is included with payment for the primary services.
- Procedure code 93306 has status indicator S, for procedures not subject to reduction.
- Procedure code 70553 has status indicator Q3, for conditionally packaged codes paid as a composite if OPPS criteria are met. As packaging criteria were not met, this line is separate.
- Procedure code 72156 has status indicator Q3, for conditionally packaged codes paid as a composite if OPPS criteria are met. As packaging criteria were not met, this line is separate.
- Procedure code 93005, billed March 9, 2022, has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V. This code is paid separately only if OPPS criteria are met.
- Procedure code G0378, billed March 9, 2022, is packaged due to Medicare policy regarding comprehensive APCs. Reimbursement is packaged with payment for the primary J2 status procedure billed on the same claim. Please see Medicare Claims Processing Manual Chapter 4 §10.2.3 for more details. Separate payment is not recommended. The provider billed this code with 36 units; however, review of the submitted documentation finds that only 1 unit is supported. Therefore, only 1 unit can be considered for payment. This code is assigned APC 811. The OPPS Addendum A rate is $2,311.90. This is multiplied by 60% for an unadjusted labor amount of $1,387.14, in turn multiplied by facility wage index 0.9552 for an adjusted labor amount of $1,325.00. The non-labor portion is 40% of the APC rate, or $924.76. The sum of the labor and non-labor portions is $2,249.76. The cost of services does not exceed the threshold for outlier payment. The Medicare facility specific amount is $2,249.76. This is multiplied by 200% for a MAR of $4,499.52.

2. The total recommended reimbursement for the disputed services is $4,499.52. The insurance carrier paid $6,096.72. 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 of $0.00 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

[redacted]		April 20, 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.