



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Bellaire General Hospital

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-23-1750-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 17, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 29, 2022	450 99285	\$400.14	\$0.00
August 29, 2022	263 96372	100.00	\$0.00
August 29, 2022	252 J1885	50.60	\$0.00
August 29, 2022	320 71101	828.00	\$0.00
August 29, 2022	320 73030	202.97	\$0.00
August 29, 2022	351 70450	1401.23	\$0.00
Total		\$2982.94	\$0.00

Requestor's Position

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

Amount in Dispute: \$2982.94

Respondent's Position

"The documentation submitted by the provider did not include a position statement for the disputed issues (s) as required by Rule 133.307(N). ...The provider did not fully comply per Rule 133.307((J))... Our position is that no payment is due."

Response submitted by: Texas Mutual

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 §134.1](#) sets out the reimbursement for fair and reasonable payment.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 370 – this hospital outpatient allowance was calculated according to the APC rate, plus a markup.
- 616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS.
- 618 – The value of the procedure is packaged into the payment of other services performed on the same date of service.
- 767 - Paid per O/P FG at 200%; Implants not applicable or separate reimbursement (with cert) not requested per Rule 134.403(G).

Issues

1. What rule is applicable to disputed services?

Findings

1. The requestor is seeking additional reimbursement of services rendered in a Free-Standing Emergency Room. Review of the submitted explanation of benefits found the insurance carrier processed the claim based on Rule 134.403 which applies to Outpatient Hospital Services.

This rule applies to acute outpatient hospital care. Review of the submitted medical bill finds the rendered services were performed at West Gray Properties LLC whose NPI (1114290079)

indicates Emergency Medicine under License 160033 which is shown to be a license for a free standing EMCF. The referenced rules do not apply. Explanation of the applicable rule and fee is discussed below.

Under the division’s general reimbursement Rule at 28 TAC §134.1(e), payment for health care is calculated by applying a fee from an adopted Division rule or by applying a negotiated contract rate. In the absence of an applicable fee guideline or a negotiated contract, the payment is subject to the division’s general fair and reasonable requirements described in 28 TAC 134.1 (f) found below.

There is no fee guideline for services provided in a Free-Standing Emergency Room. No evidence of a contract was submitted. The DWC general fair and reasonable standard of payment applies to the disputed services.

28 TAC 134.1(f) required the health care provider to support their suggested reimbursement is:

- consistent with the criteria of Labor Code §413.011;
- by providing documentation of similar procedures provided in similar circumstances received similar reimbursement; and
- their suggested reimbursement is based on nationally recognized published studies, published Division medical dispute decisions, and/or values assigned for services involving similar work and resource commitments, if available.

Review of the submitted documents did not find a position that meets the criteria described above. No additional reimbursement 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

Signature

Medical Fee Dispute Resolution Officer

May 19, 2023

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.