



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Hunt Regional Medical Center

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-23-2786-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

June 29, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 15, 2023	36415	\$5.97	\$0.00
February 15, 2023	80053	\$7.34	\$0.00
February 15, 2023	82670	\$19.45	\$0.00
February 15, 2023	84146	\$13.49	\$0.00
February 15, 2023	85025	\$5.41	\$0.00
	Total	\$51.66	\$0.00

Requestor's Position

"Per the CMS 2023 Clinical Diagnostic Laboratory Fee Schedule, allowed CPT 36415, 80053, 82670, 84146 and 85025 at the facility rate is priced in the amount of \$72.22 multiplied by 200% total allowed amount equals \$144.45. Texas Mutual made a payment of \$92.78 for the charge, underpaying the claim by a minimum amount of \$51.67."

Amount in Dispute: \$51.66

Respondent's Position

"Due to type of bill 131 versus type of bill 141 these laboratory codes would not have the

appropriate status indicator A per CMS addendum D1. At the time Texas Mutual maintains their position as the bill was audited appropriately, in accordance with Rule 134.403. 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 §134.403](#) sets out the fee guidelines for outpatient hospital services.
3. [28 TAC §134.203](#) sets out the fee guidelines for clinical laboratory services.

Denial Reasons

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

- CAC-P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 356 – This outpatient allowance was based on the Medicare’s methodology (Part B) plus the Texas Markup.

Issues

1. What rule is applicable to reimbursement?
2. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking additional payment of outpatient hospital services rendered in February of 2023.

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). The services in dispute have a Status Indicator of Q4.

The Medicare Claims Processing Manual Chapter 4, Section 10.4, C, 5, Packaging types Under the OPPTS. *Q4 services are assigned to laboratory HCPCS codes that appear on the Clinical Laboratory Fee Schedule (CLFS). Status indicator Q4 designates packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "J1," "J2," "S," "T," "V," "Q1," "Q2," or "Q3." When a Q4 service is not billed on the same claim as another separately payable service then the IOCE automatically changes their status indicator to "A" and separate payment is made at the CLFS payment rate.*

The applicable DWC fee guideline is DWC Rule 28 TAC 134.203 (e) (1), The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule.

Review of the submitted medical bill and the applicable fee guidelines referenced above is shown below.

- 36415 - $\$8.57 \times 125\% = \10.71
- 80053 - $\$10.56 \times 125\% = \13.20
- 82670 - $\$27.94 \times 125\% = \34.92
- 84146 - $\$19.38 \times 125\% = \24.22
- 85025 - $\$7.77 \times 125\% = \9.71
- Total \$92.76

2. The total recommended reimbursement for the disputed services is \$92.76. The insurance carrier paid \$92.78. 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 entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

July 31, 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 electrónico CompConnection@tdi.texas.gov.