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
Texas Health Fort Worth

Respondent Name
City of Fort Worth

MFDR Tracking Number
M4-23-3013-01

Carrier's Austin Representative
Box Number 04

DWC Date Received
July 31, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 18 – 19, 2023	250	$50.00	
March 18 – 19, 2023	250	$1.00	
March 18 – 19, 2023	272	$10.00	
March 18 – 19, 2023	272	$20.00	
March 18 – 19, 2023	300	$36.50	
March 18 – 19, 2023	301	$603.50	
March 18 – 19, 2023	301	$603.50	
March 18 – 19, 2023	301	$603.50	
March 18 – 19, 2023	301	$364.00	
March 18 – 19, 2023	301	$205.00	
March 18 – 19, 2023	301	$247.00	
March 18 – 19, 2023	301	$247.00	
March 18 – 19, 2023	301	$331.00	
March 18 – 19, 2023	301	$247.00	
March 18 – 19, 2023	301	$438.50	
March 18 – 19, 2023	301	$499.00	
March 18 – 19, 2023	301	$523.25	
March 18 – 19, 2023	301	$523.25	
March 18 – 19, 2023	301	$523.25	
March 18 – 19, 2023	305	$207.25	

March 18 – 19, 2023	305	$185.25	
March 18 – 19, 2023	320	$590.00	
March 18 – 19, 2023	351	$3170.50	
March 18 – 19, 2023	352	$5030.75	
March 18 – 19, 2023	450	$2451.75	$1,667.66
March 18 – 19, 2023	483	$2776.00	
March 18 – 19, 2023	636	$1000.00	
March 18 – 19, 2023	730	$316.25	
March 18 – 19, 2023	762	$1555.00	
March 18 – 19, 2023	762	$1380.00	
April 27, 2023	Payment $3,072.24		
	Total	$1,694.43	$1,667.66

Requestor's Position

"Attached is a copy of an EOB, UB04, an itemized statement, an implant invoice certification letter and implant medical record. We are resubmitting this claim for reconsideration of the implants charged on the UB04. Please review the attached information and reprocess our claim for additional payment due us for the services provided to the claimant. In Texas, we do not need to submit implant invoices and are paid $143% of the Medicare fee schedule."

Amount in Dispute: $1,694.43

Respondent's Position

"Sedwick and City of Fort Worth again reviewed the MDR request and bill submission and do not find any additional amounts to be payable at this time and stand by the denials previously issues."

Response submitted by: Ricky D. Green, 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:

- 289 – The recommended allowance is based on the value for the technical component of the service performed.
- 4915 – The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment.
- 56 – Significant, separately identifiable E/M service rendered.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- 89 – Professional fees removed from charges.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 193 – Bill is a reconsideration or appeal.
- W3 – Additional payment made on appeal/reconsideration.
- 97 – Payment adjusted because 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 is applicable to reimbursement?

2. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking additional payment of emergency room services rendered in March 2023 in an outpatient hospital facility. The insurance carrier reduced the payment amount based packaging and the workers' compensation fee guidelines.
2. 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 36415 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.
- Procedure code 80053 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.
- Procedure code 80053 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.
- Procedure code 80061 has a status indicator of A and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.
- Procedure code 82550 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.
- Procedure code 83036 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.
- procedure code 83690 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.
- Procedure code 83735 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.
- Procedure code 83880 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.
- Procedure code 84100 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 84439 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 84443 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 84484 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 84484 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 84484-91 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 85025 has a status indicator of Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 85027 has status indicator Q4 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 71045 has status indicator Q3 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 70450 has status indicator Q3 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 71275 has status indicator Q3 and is packaged into Comprehensive J2 procedure. Separate payment is not recommended.

- Procedure code 99285-25 has status indicator J2, for outpatient visits and is subject to comprehensive packaging for 8 or more hours observation was billed.

  This code is assigned APC 8011. The OPPS Addendum A rate is $2,439.02 multiplied by 60% for an unadjusted labor amount of $1,463.41, in turn multiplied by facility wage index 0.9528 for an adjusted labor amount of $1,394.34.

  The non-labor portion is 40% of the APC rate, or $975.61.

  The sum of the labor and non-labor portions is $2,369.95.

  The Medicare facility specific amount is $2,369.95 multiplied by 200% for a MAR of $4,739.90.

- Procedure code 93306 has a status indicator of S and is packaged into primary J2 procedure. Separate payment is not recommended.

- Procedure code Q9967 has status indicator N, reimbursement is included with payment

for the primary services.

- Procedure code 93005 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for the comprehensive J2 procedure.
- Procedure code G0378 has status indicator N, reimbursement is included with payment for the primary services.
- Procedure code G0378 has status indicator N, reimbursement is included with payment for the primary services.

3. The total recommended reimbursement for the disputed services is $4,739.90. The insurance carrier paid $3,072.24. The amount due is $1,667.66. This amount 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 established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to $1,667.66 additional reimbursement for the disputed services. It is ordered that City of Fort Worth must remit to Texas Health Fort Worth $1,667.66 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		August 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 electronico CompConnection@tdi.texas.gov.