



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health HEB

Respondent Name

Twin City Fire Insurance Co

MFDR Tracking Number

M4-23-3348-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 30, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 26 – 27, 2023	0250	Left blank	\$0.00
May 26 – 27, 2023	0250	Left blank	\$0.00
May 26 – 27, 2023	0258	Left blank	\$0.00
May 26 – 27, 2023	0258	Left blank	\$0.00
May 26 – 27, 2023	0260	Left blank	\$0.00
May 26 – 27, 2023	0300	Left blank	\$0.00
May 26 – 27, 2023	0301	Left blank	\$0.00
May 26 – 27, 2023	0301	Left blank	\$0.00
May 26 – 27, 2023	0301	Left blank	\$0.00
May 26 – 27, 2023	0301	Left blank	\$0.00
May 26 – 27, 2023	0301	Left blank	\$0.00
May 26 – 27, 2023	0301	Left blank	\$0.00
May 26 – 27, 2023	0305	Left blank	\$0.00
May 26 – 27, 2023	0305	Left blank	\$0.00
May 26 – 27, 2023	0306	Left blank	\$0.00
May 26 – 27, 2023	0306	Left blank	\$0.00
May 26 – 27, 2023	0320	Left blank	\$0.00
May 26 – 27, 2023	0450	Left blank	\$0.00
May 26 – 27, 2023	0450	Left blank	\$0.00
May 26 – 27, 2023	0450	Left blank	\$0.00

May 26 – 27, 2023	0450	Left blank	\$3,390.48
May 26 – 27, 2023	0460	Left blank	\$0.00
May 26 – 27, 2023	0636	Left blank	\$0.00
May 26 – 27, 2023	0636	Left blank	\$0.00
May 26 – 27, 2023	0636	Left blank	\$0.00
May 26 – 27, 2023	0636	Left blank	\$0.00
May 26 – 27, 2023	0636	Left blank	\$0.00
May 26 – 27, 2023	0636	Left blank	\$0.00
May 26 – 27, 2023	0636	Left blank	\$0.00
May 26 – 27, 2023	0636	Left blank	\$0.00
May 26 – 27, 2023	0762	Left blank	\$0.00
May 26 – 27, 2023	0762	Left blank	\$0.00
		Total	\$3,390.49
			\$3,390.48

Requestor's Position

“Attached is a copy of an EOB, UB04, an itemized statement, an implant invoice, an invoice certification letter, and implant medical record. We are resubmitting this claim for reconsideration of the implants charge on the UB04. Please review the attached information and reprocess our claim for the additional due to 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: \$3,390.48

Respondent's Position

“The bill was processed on 6/23/23 under control number 219652175 in the amount of \$1359.36. It was processed per State Fee Schedule with partial denials as procedure only reimbursed when billed with the appropriate initial base code and/or services were bundled/included.”

Response submitted by: The Hartford

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:

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 107 – Claim/service denied because the related or qualifying claim/service was not previously paid or identified on this claim.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.

Issues

1. Is the requestor’s position supported?
2. What rule is applicable to reimbursement?
3. Is the requester entitled to additional reimbursement?

Findings

1. The requestor states in their position statement, “...We are resubmitting this claim for reconsideration of the implants charged on the UB04.” Review of the submitted medical bill found no charges were submitted on the medical bill or itemized statement for implants. The requestor’s position is not supported and will not be considered in this review.
2. The requestor is seeking additional payment of outpatient hospital services rendered in May of 2023. The insurance carrier reduced the payment based on packaging and worker’s compensation fee schedule. The services in dispute will be reviewed per applicable fee guidelines.

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 96366 has a status indicator of S. Payment is packaged into comprehensive J2 procedure found below.
- Procedure code 36415 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 80048 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 80053 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 83605 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 83605-91 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 83735 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 84145 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 85025 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 85025-91 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 87040 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 87040 -91 has a status indicator of Q4 payment packaged into comprehensive J2 procedure found below.
- Procedure code 73130-LT has a status indicator of S. Payment is packaged into comprehensive J2 procedure found below.

- Procedure code 96365 has a status indicator of S. Payment is packaged into comprehensive J2 procedure found below.
- Procedure code 96367 has a status indicator of S. Payment is packaged into comprehensive J2 procedure found below.
- Procedure code 96375 has a status indicator of S. Payment is packaged into comprehensive J2 procedure found below.
- Procedure code 99284-25 has status indicator J2, for outpatient visits comprehensive packaging as 8 or more hours observation was billed.

This code is assigned APC 8011. The OPPS Addendum A rate is \$2,331.90 multiplied by 60% for an unadjusted labor amount of \$1,399.14, in turn multiplied by facility wage index 0.9562 for an adjusted labor amount of \$1,337.86.

The non-labor portion is 40% of the APC rate, or \$932.76.

The sum of the labor and non-labor portions is \$2,270.62.

The Medicare facility specific amount is \$2,270.62. This is multiplied by 200% for a MAR of \$4,541.24.

- Procedure code 94760 has status indicator N, reimbursement is included with payment for the primary services.
- Procedure code J0295 has status indicator N, reimbursement is included with payment for the primary services.
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- Procedure code J0295 has status indicator N, reimbursement is included with payment for the primary services.
- Procedure code J2405 has status indicator N reimbursement is included with payment for the primary services.
- Procedure code J3370 has status indicator N, reimbursement is included with payment for the primary services.
- Procedure code J3370 has status indicator N, reimbursement is included with payment for the primary services.
- Procedure code J7120 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.
- 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 \$4,749.84. The insurance carrier paid \$1,359.36. The amount due is \$3,390.48.

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 additional reimbursement for the disputed services. It is ordered that Twin City Fire Insurance Co must remit to Texas Health HEB \$3,390.48 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		October 13, 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.