



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Crescent Medical Center

Respondent Name

Insurance Company of the West

MFDR Tracking Number

M4-24-0189-01

Carrier's Austin Representative

Box Number 4

DWC Date Received

September 26, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 11, 2023	REV 0278/IMPLANTS	\$2677.97	\$0.00
July 11, 2023	29823	\$4200.00	\$0.00
July 11, 2023	29824	\$1350.00	\$0.00
July 11, 2023	29826	\$2100.00	\$0.00
July 11, 2023	29828	-1562.05	\$0.00
July 11, 2023	ALL OTHER	\$0.00	\$0.00
	Total	\$8765.92	\$0.00

Requestor's Position

"We are requesting the MAR value of \$12,965.92. Please pay the additional \$8765.92."

Supplemental position submitted November 17, 2023

"...There is still an underpayment even with the additional payment."

Amount in Dispute: \$8765.92

Respondent's Position

"Upon re-evaluation our bill review service recommended an additional payment of \$2326.14

which will be paid on or before 10/27/23."

Response submitted by ICW Group

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 the payment for the disputed services with the following claim adjustment codes:

- 18 – Exact duplicate claim/service
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 131 – Claim specific negotiated discount.
- 350 – Claim has been identified as a request for reconsideration or appeal.
- 379 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- 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 this procedure is packaged into the payment of other services performed on the same date of service.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- P24 – Payment adjusted based on preferred provider organization (PPO).
- P63 – Per your Coventry Integrated contract.

- PK2 – Subject to Coventry Workers Comp Network. A certified TX HCN.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Did the respondent make an additional payment?
2. Is the injured worker enrolled in a certified health network?
3. What rule is applicable to reimbursement?
4. Did the requestor support the cost of implants?
5. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking additional payment for outpatient hospital services rendered in July 2023. The insurance carrier made an initial payment of \$4,200.00 and after MFDR request was made an additional \$2,326.14 payment was made. The requestor acknowledged this additional payment but wished to continue with MFDR.
2. The requestor and respondent reference a PPO contract. Review of the information available to the Division found insufficient evidence to support the injured worker is enrolled in this certified network. These references and reductions will not be considered in this review.
3. 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).

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

- Procedure code 29823 has a status indicator of J1. Medicare Claims Processing Manual, at www.cms.gov in Chapter 4 - Part B Hospital, Section 10.2.1 - Composite APCs states,

Claims reporting at least one J1 procedure code will package the following items and services that are not typically packaged under the OPPS:

- *lower ranked comprehensive procedure codes (status indicator J1)*

Review of Addenda J1 for the applicable date of service at www.cms.gov found Code 29823 is ranked 1,776. Code 29828 is ranked 576 the highest ranked J1 code. No separate payment recommended.

- Procedure code 29824 has a status indicator of J1. Review of Addenda J1 for the applicable date of service found Code 29823 is ranked 1,792. Code 29828 is ranked 576. No separate payment is recommended.
 - Procedure code 29826 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 29828. The submitted DWC060 indicates (-1562.05). As no amount is in dispute, this claim line is not reviewed.
4. The requestor billed implantable Code C1713, five units for \$13,915.00. DWC Rule TAC §134.403(g) states, "Implantables, when billed separately by the facility or a surgical implant provider in accordance with subsection (f)(1)(B) of this section, shall be reimbursed at the lesser of the manufacturer's invoice amount or the net amount (exclusive of rebates and discounts) plus 10 percent or \$1,000 per billed item add-on, whichever is less, but not to exceed \$2,000 in add-on's per admission. (1) A facility or surgical implant provider billing separately for an implantable shall include with the billing a certification that the amount billed represents the actual cost (net amount, exclusive of rebates and discounts) for the implantable. The certification shall include the following sentence: 'I hereby certify under penalty of law that the following is the true and correct actual cost to the best of my knowledge.'"

The documentation submitted with this request for MFDR contained the required billing certification. However, the documentation submitted with this request found an invoice dated July 27, 2023. The date of service in dispute is July 11, 2023. Therefore, the Division finds the submitted documentation does not support the cost of the implants on the disputed date of service. No additional payment is recommended.

5. The disputed charges listed on the DWC060 were reviewed per the applicable DWC fee guideline. Based on the Division's review. 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 requestor 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

January 2, 2024

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.