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
TX Health Center for Diagnostic

Respondent Name
New Hampshire Insurance Co

MFDR Tracking Number
M4-24-0356-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
October 4, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 1, 2023	250	$114.47	$0.00
May 1, 2023	250	$28.97	$0.00
May 1, 2023	258	$100.00	$0.00
May 1, 2023	272	$1198.00	$0.00
May 1, 2023	272	$61.00	$0.00
May 1, 2023	272	$61.00	$0.00
May 1, 2023	278	$44100.00	$0.00
April 28, 2023	300	$36.50	$0.00
April 28, 2023	301	$264.75	$0.00
April 28, 2023	305	$603.50	$0.00
April 28, 2023	305	$183.25	$0.00
April 28, 2023	305	$129.25	$0.00
April 28, 2023	305	$201.00	$0.00
April 28, 2023	309	$221.00	$0.00
April 28, 2023	309	$105.75	$0.00
May 2, 2023	320	$807.75	$0.00
May 1, 2023	360	$15101.50	$0.00
May 1, 2023	370	$3041.00	$0.00
May 1, 2023	420	$180.75	$0.00

May 1, 2023	424	$190.75	$0.00
May 1, 2023	636	$63.23	$0.00
May 1, 2023	636	$64.07	$0.00
May 1, 2023	636	$30.00	$0.00
May 1, 2023	636	$128.14	$0.00
May 1, 2023	636	$25.00	$0.00
May 1, 2023	636	$37.50	$0.00
May 1, 2023	636	$12.50	$0.00
May 1, 2023	636	$63.84	$0.00
May 1, 2023	636	$10.00	$0.00
May 1, 2023	636	$19.68	$0.00
May 1, 2023	636	$12.50	$0.00
May 1, 2023	636	$444.60	$0.00
May 1, 2023	636	$165.44	$0.00
May 1, 2023	636	$1024.06	$0.00
May 1, 2023	636	$100.00	$0.00
May 1, 2023	636	$150.00	$0.00
May 1, 2023	710	$1142.00	$0.00
April 28, 2023	730	$316.25	$0.00
	Total	$70,746.24	$0.00

Requestor's Position

"The claim referenced below was billed and the Medicare reimbursement is $17,505,24 as referenced in the copy of the Medicare Pricer included in this request. We are in receipt of a payment of $12,854.60, however this claim was underpaid by $4,650.64."

Amount in Dispute: $4,650.64

Respondent's Position

"The Provider contends they are entitled to additional reimbursement based on the Out-Patient Prospective Payment System (OPPS) Medicare reimbursement base rate. This procedure (CPT code 22857: total disc arthroplasty) is a C-status code, which has no OPPS payment rate as Medicare does not approve of this procedure in an out-patient setting. Consequently, the Carrier referenced CPT code 63075 (anterior discectomy) for a reimbursement reference as it requires similar resources, time and complexity. Based on the Medicare OPPS rate for CPT code 63075, the Carrier applied the appropriate 200% conversion factor to arrive at the reimbursement. The Carrier contends the Provider has been properly reimbursed for the services in dispute."

Response submitted by Travelers

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:

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- P18 – Procedure is not listed in the jurisdiction fee schedule. An allowance has been made for a comparable service.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 96 – Non-covered charge(s).
- 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.
- 18 – Exact duplicate claim/service.

Issues

1. What rule is applicable to reimbursement?

2. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking additional payment for a surgical procedure performed in an outpatient hospital setting.

   The insurance carrier reduced the payment based on packaging, service not on fee schedule and non-covered charges.

   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 A6255 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code A6255, billed May 2, 2023, has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code C1713 (implants). The requestor did not seek separate reimbursement of the implants, no separate payment is recommended.
- Procedure code 36415, billed April 28, 2023, has a status indicator of Q4 and is not separately payable.
- Procedure code 86850, billed April 28, 2023, has a status indicator of Q4 and is not separately payable.
- Procedure code 80053, billed April 28, 2023, has a status indicator of Q4 and is not separately payable.
- Procedure code 85025, billed April 28, 2023, has a status indicator of Q4 and is not separately payable.
- Procedure code 85610, billed April 28, 2023, has a status indicator of Q4 and is not separately payable.
- Procedure code 85652, billed April 28, 2023, has a status indicator of Q4 and is not separately payable.
- Procedure code 85730, billed April 28, 2023, has a status indicator of Q4 and is not separately payable.
- Procedure code 86900, billed April 28, 2023, has a status indicator of Q4 and is not

separately payable. d.

- Procedure code 86901, billed April 28, 2023, has a status indicator of Q4 and is not separately payable.
- Procedure code 72100, billed May 2, 2023, has a status indicator of Q4 and is not separately payable.
- Procedure code 22857 has status indicator C, for inpatient procedures not payable under OPPS in an outpatient setting. No payment is recommended.
- Procedure code 97116 is packaged into the primary procedure. No payment recommended.
- Procedure code 97161 is packaged into the primary procedure. No payment recommended.
- Procedure code J0461 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J0690 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J0690 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J0690, billed May 2, 2023, has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J1100 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J1170 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J2250 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J2270 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J2405 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J2704 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J3010 has status indicator N, for packaged codes integral to the total service package with no separate payment.

- Procedure code J3490 has status indicator N, for packaged codes integral to the total service package with no separate payment.
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- Procedure code J7030 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code J7120 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code 93005, billed April 28, 2023, has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V.

2. The total recommended reimbursement for the disputed services is $0.00. The insurance carrier paid $12,854.60. Additional payment is not 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

		November 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 electronico CompConnection@tdi.texas.gov.