



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Tarrant County Hospital
District

Respondent Name

Insurance Co. Of The West

MFDR Tracking Number

M4-24-0591-01

Carrier's Austin Representative

Box Number 4

DWC Date Received

November 8, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 28, 2022, through January 9, 2023	0120/DRG 204	\$2,091.97	\$2,091.97
Total		\$2,091.97	\$2,091.97

Requestor's Position

"This is a bill for an Inpatient stay December 28, 2022 - January 09, 2023, and included medical/surgical supplies. Per <https://webpricer.cms.gov/#/pricer/ipps> this should pay \$31,315.16 X 143% = \$44,780.68. The Implants were NOT requested to be paid separately. The carrier originally paid \$42,688.71. We submitted an appeal for underpayment with the Medicare allowable. The carrier did not pay any additional amount stating the original review was appropriate. There is a balance left of \$2,091.97, this is the amount we are seeking for medical dispute."

Amount in Dispute: \$2,091.97

Respondent's Position

"In review of the submitted documentation the claimant was not admitted into the hospital until 01/06/23. When inputting the admit date of 01/06/2023 into <http://webpricer.cms.gov/#/pricer/ipps> the calculation is \$29,637.47 x 143% = \$42,381.58. Currently the allowance on the original submission bill IWTX 44253 is \$42,688.71 which is an

overpayment of \$307.13. The overpayment has not been requested at this time. The calculation is completed per the Texas Administrative Code Title 28 Part 2 Chapter 134 Subchapter E Rule § 134.404 (f)(l)(A)."

Response Submitted by: ICW Group Insurance Companies

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 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.404](#) sets out the acute care hospital fee guideline for inpatient services.

Adjustment or Denial Reasons

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

- 468 - PRICING IS BASED ON THE MEDICAL HOSPITAL INPATIENT PROSPECTIVE PAYMENT SYSTEM METHODOLOGY.
- 790 - THIS CHARGE WAS REIMBURSED IN ACCORDANCE TO THE TEXAS MEDICAL FEE GUIDELINE.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 350 – BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

Issues

1. What is the applicable rule for determining reimbursement for the disputed services?
2. Is the insurance carrier's reimbursement reduction reason supported?
3. Is the requestor entitled to additional payment?

Findings

1. This dispute involves emergency room observation and inpatient hospital facility services rendered December 28, 2022, through January 9, 2023, with payment subject to DWC Rule 28 TAC §134.404(f), requiring the maximum allowable reimbursement (MAR) to be the Medicare facility specific amount (including outlier payments) applying Medicare Inpatient Prospective Payment System (IPPS) formulas and factors, as published annually in the Federal Register, with modifications set forth in the rules. Medicare IPPS formulas and factors are available from the Centers for Medicare and Medicaid Services at <http://www.cms.gov>.

2. The insurance carrier reduced the payment for the disputed services based on the application of the Medicare Inpatient Prospective Payment System (IPPS) methodology. The respondent argued in its position statement that the admission date began on January 6, 2023. The respondent based their reimbursement IPPS calculations on dates of service January 6, 2023, through January 9, 2023.

A review of the submitted medical record and billing documentation supports that the injured employee was admitted to the hospital emergency room on December 28, 2022, receiving services of ongoing observational hours followed by inpatient hospital facility services, within the same hospital facility, until a discharge date of January 9, 2023.

DWC finds that the admission date for the disputed services was December 28, 2022, and that the discharge date was January 9, 2023, per medical records and bills submitted. DWC finds that these are the appropriate dates of service to be used for IPPS reimbursement calculation of the MAR. Therefore, the insurance carrier's reimbursement reduction reason is not supported.

3. The requestor is seeking additional reimbursement in the amount of \$2,091.97 for emergency room observation and inpatient hospital facility services rendered December 28, 2022, through January 9, 2023.

DWC calculates the Medicare facility specific amount using Medicare's *Inpatient PPS PC Pricer* as a tool to efficiently identify and apply IPPS formulas and factors. This software is freely available from www.cms.gov.

Separate reimbursement for implants was not requested. DWC Rule 28 TAC §134.404(f)(1)(A) requires that the Medicare facility specific amount be multiplied by 143%.

A review of the submitted medical bill and supporting documentation finds the assigned DRG code to be 204. The service location is Ft. Worth, TX, Locality 28. Based on the DRG code, service location, and bill-specific information, the Medicare facility specific amount is \$31,315.16. This amount multiplied by 143% results in a MAR of \$44,780.68.

The total recommended payment for the services in dispute is \$44,780.68. The insurance carrier paid \$42,688.71. DWC finds that the requestor is entitled to an additional payment of \$2,091.97. 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 requestor has established that additional reimbursement of \$2,091.97 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 the Insurance Co. Of

The West must remit to Tarrant County Hospital District \$2,091.97 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	February 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.