



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Doctor's Hospital at Renaissance

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-17-2573-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

May 1, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to TWCC guidelines, Rule §134.403 states that the reimbursement calculation used for establishing the MAR shall be by applying the Medicare facility specific amount."

Amount in Dispute: \$515.38

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor argues it is due payment of codes 73610, 73562, 72170, and 73610."

Response Submitted by: Texas Mutual Insurance

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: January 16, 2017, 73610, 73562, 72170, 73610, \$515.38, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P12 - Workers' compensation jurisdictional fee schedule adjustment
- 618 - The value of this procedure is packaged into the payment of other services performed on the same date of service

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS
- 724 – No additional payment after a reconsideration of services

### Issues

1. What rule applies to reimbursement?
2. Is the requestor entitled to additional reimbursement?

### Findings

1. The requester seeks additional reimbursement for \$515.38 for outpatient hospital codes 73610, 73502, 72170, and 73610 rendered on January 16, 2017.

The carrier denied the disputed services as 618 – “The value of this procedure is packaged into the payment of other services performed on the same date of service” and 616 – “This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS.”

The rule applicable to outpatient hospital services is 28 Texas Administrative Code §134.403. The relevant portions are:

(b) Definitions for words and terms, when used in this section, shall have the following meanings, unless clearly indicated otherwise

(3) "Medicare payment policy" means reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.

(d) For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided with any additions or exceptions specified in this section, including the following paragraphs.

The resource that define the referenced payment status indicator is found below.

- **Payment status indicator** - The status indicator identifies whether the service described by the HCPCS code is paid under the OPSS and if so, whether payment is made separately or packaged. The status indicator may also provide additional information about how the code is paid under the OPSS or under another payment system or fee schedule. The relevant status indicator may be found at the following: [www.cms.gov](http://www.cms.gov), Hospital Outpatient Prospective Payment – Final Rule, OPSS Addenda, Addendum, B. The definition of status indicator is found at the [www.cms.gov](http://www.cms.gov), Hospital Outpatient Prospective Payment – Final Rule, OPSS Addenda, in Addendum D1.

Review of the 2017 Addendum B finds the following:

- Submitted code 73610 has a Q1 status indicator
- Submitted code 73562 has a Q1 status indicator
- Submitted code 72170 has a Q1 status indicator
- Submitted code 73610 has a Q1 status indicator

Status Indicator **Q1** has the following definition – “STV-Packaged Codes. Paid under OPPS; Addendum B displays APC assignments when services are separately payable. (1) Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator “S,” “T,” or “V.” (2) Composite APC payment if billed with specific combinations of services based on OPPS composite-specific payment criteria. **Payment is packaged into a single payment for specific combinations of services.**

Review of the submitted medical bill finds a claim for code 99284 – “Emergency department visit.” The status indicator for this procedure is “J2” which is defined as (1) Comprehensive APC payment based on OPPS comprehensive-specific payment criteria. **Payment for all covered Part B services on the claim is packaged into a single payment for specific combinations of services, except services with OPPS SI=F,G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.**

Therefore, codes 73610, 73562, 72170 and 73610 are packaged based on the assigned status indicator and presence of comprehensive APC on the same claim. The carrier’s denial is supported.

2. The Division finds per the applicable payment policy, no additional payment recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### **Authorized Signature**

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	Date

May 19, 2017

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 Texas Register 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**