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
Doctors Hospital at Renaissance

Respondent Name
TASB Risk Management Fund

MFDR Tracking Number
M4-24-1294-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
February 13, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 28, 2023	80053	$0.00	$0.00
February 28, 2023	85025	$0.00	$0.00
February 28, 2023	85610	$0.00	$0.00
February 28, 2023	85730	$0.00	$0.00
February 28, 2023	73630	$160.82	$0.00
February 28, 2023	70450	$197.84	$412.30
February 28, 2023	72125	$197.84	$0.00
February 28, 2023	99285	$1014.52	$986.64
February 28, 2023	J2270	$0.00	$0.00
February 28, 2023	J2405	$0.00	$0.00
February 28, 2023	96374	$382.36	$371.84
February 28, 2023	96375	$78.42	$76.28
	Total	$2031.80	$1,847.06

Requestor's Position

The requestor did not submit a position statement with this request for MFDR They did submit a copy of their request for reconsideration dated December 8, 2023 that states, (Redacted) was admitted through ER department and presented her private insurance BCBS. BCBS was billed and paid on 03/10/2023. On September 22, 2023 BCBS sent a refund request along with letter

informing us about service is under work related injury along with worker compensation carrier information. On October 27, 2023 bill was mailed out to TASB PO Box 2010, Austin, TX 78768 and denied on November 7, 2023 for Past Filing Deadline."

Amount in Dispute: $2,031.80

Respondent's Position

The Austin carrier representative for TASB Risk Management Fund is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 21, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response submitted by: N/A

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 §133.20 sets out requirements of medical bill submission.
3. Texas Labor Code 408.0272 sets out the workers compensation timely billing and exceptions guidelines.
4. 28 TAC §134.403 sets out the fee guidelines for outpatient hospital services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 29 – The time limit for filing has expired.
- X29 – The time limit for filing has expired.

Issues

1. Does an exception to timely filing exist?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. This dispute is for outpatient hospital services denied by the workers' compensation carrier as past timely filing. DWC Rule 28 TAC §133.20 (b) states in pertinent part,

   (b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

   Texas Labor Code 408.0272. (b) states in pertinent part,

   (b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

   (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

   (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;

   (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or

   (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

   (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

   Review of the submitted documentation found the following.

   - Claim was submitted and paid by BCBS.
   - BCBS advised requestor of workers' compensation on September 22, 2023.
   - Explanation of benefits from TASB indicates "Post" date of November 7, 2023. This date is within 95 days of the notification from BCBS of the workers compensation claim.

   The DWC finds an exception defined in the rule shown above does exist. The services in dispute will be reviewed per applicable fee guidelines.

2. The requestor is seeking payment of outpatient emergency room services rendered in February of 2023.

   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)(2) states in pertinent part, regardless of billed amount, if no contracted fee schedule exits that complies with Labor Code §413.011, 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 sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by: (A) 200 percent; unless (B) a facility or surgical implant provider requests separate reimbursement in accordance with subsection (g) of this section, in which case the facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 130 percent. Review of the submitted medical bill found a request for implants was not made. The Medicare facility specific reimbursement amount will be multiplied by 200 percent.

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 80053 is not in dispute.
- Procedure code 85025 is not in dispute.
- Procedure code 85610 is not in dispute.
- Procedure code 85730 is not in dispute.
- Procedure code 73630 has a status indicator of Q1 and is packaged into V code shown below.
- Procedure codes 70450 and 72125 are composite codes (status indicator Q3). Payment is made under a single APC payment. The APC is 8005. The OPPS Addendum A rate is $229.05 multiplied by 60% for an unadjusted labor amount of $137.43, in turn multiplied by wage index 0.8334 for an adjusted labor amount of $114.53.

  The non-labor portion is 40% of the APC rate, or $91.62.

  The sum of the labor and non-labor portions is $206.15.

The Medicare facility specific amount is $206.15 multiplied by 200% for a MAR of $412.30.

- Procedure code 99285 has status indicator V as no observation hours billed. This code is assigned APC 5025. The OPPS Addendum A rate is $548.11 multiplied by 60% for an unadjusted labor amount of $328.87, in turn multiplied by facility wage index 0.8334 for an adjusted labor amount of $274.08.

  The non-labor portion is 40% of the APC rate, or $219.24.

  The sum of the labor and non-labor portions is $493.32.

  The Medicare facility specific amount is $493.32 multiplied by 200% for a MAR of $986.64.

- Procedure code J2270 is not in dispute.

- Procedure code J2405 is not in dispute.

- Procedure code 96374 has status indicator S. This code is assigned APC 5693. The OPPS Addendum A rate is $206.57 multiplied by 60% for an unadjusted labor amount of $123.94, in turn multiplied by facility wage index 0.8334 for an adjusted labor amount of $103.29.

  The non-labor portion is 40% of the APC rate, or $82.63.

  The sum of the labor and non-labor portions is $185.92.

  The Medicare facility specific amount is $185.92 multiplied by 200% for a MAR of $371.84.

- Procedure code 96375 has status indicator S. This code is assigned APC 5691. The OPPS Addendum A rate is $42.37 multiplied by 60% for an unadjusted labor amount of $25.42, in turn multiplied by facility wage index 0.8334 for an adjusted labor amount of $21.19.

  The non-labor portion is 40% of the APC rate, or $16.95.

  The sum of the labor and non-labor portions is $38.14.

  The Medicare facility specific amount is $38.14 is multiplied by 200% for a MAR of $76.28.

3. The total recommended reimbursement for the disputed services is $1,847.06. The insurance carrier paid $0.00. The amount due is $1,847.06. 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 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 TASB Risk Management Fund must remit to Doctors Hospital at Renaissance $1,847.06 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		April 25, 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 electronico CompConnection@tdi.texas.gov.