



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

RSER Benbrook LLC

Respondent Name

Standard Fire Insurance Co

MFDR Tracking Number

M4-24-2097-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

May 17, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 10, 2023	99283-25	\$3,552.00	0.00
October 10, 2023	J7799	\$346.00	0.00
Total		\$3,898.00	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR.

Amount in Dispute: \$3,898.00

Respondent's Position

"The Provider contends they are entitled to additional reimbursement for CPT code 99283 and separate reimbursement for CPT code J7799. The Carrier has reviewed the documentation and contends the Provider has been appropriately reimbursed at the appropriate fee schedule reimbursement for the emergency room visit and the medication is included in the reimbursement for the primary emergency room visit per the applicable Medicare edits. The Carrier has reviewed the Maximum Allowable Reimbursement Calculation and contends the reimbursement is correct as calculated."

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 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.403](#) sets out hospital facility outpatient fee guideline.
3. [28 TAC §133.10](#) sets out the billing requirements of outpatient hospital claims.

Denial Reasons

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

- 56 – Significant, separately identifiable E/M service rendered.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- 170 – Reimbursement is based on the outpatient/inpatient fee schedule.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this reevaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 8752 – After review of submitted documentation, pulse oximetry service billed does not warrant separate reimbursement. Service billed is an integral component of the primary procedure billed.
- 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.

Issues

1. Is the bill type 131 supported?

Findings

1. The requestor is seeking additional payment for services submitted on UB04- CMS1450 as bill type 131. The insurance carrier made a payment based on workers’ compensation fee schedule and Medicare OPPS.

Bill type 131 is defined as.

- 1 = Hospital
- 3 = Outpatient
- 1 = Admit thru discharge (total course of treatment)

DWC Rule 28 TAC §134.403 (a)(1) states in pertinent parts, “This section applies to medical services provided in an outpatient acute care hospital.”

DWC Rule 28 TAC §134.403 (b) (1) defines “Acute care hospital” as a health care facility appropriately licensed by the Texas Department of State Health Services that provides inpatient and outpatient medical services to patients experiencing acute illness or trauma.

A review of the submitted medical bill found the National Provider Identifier (NPPES) is 1194243287. This NPI indicates a primary taxonomy of 207PE0004X – Emergency Medicine – Emergency Medical Services.

The Division finds RSER Benbrook LLC does not meet the definition of Acute Care Hospital.

DWC Rule 28 TAC §133.10 (2) states in pertinent part, “The following data content or data elements are required for a complete institutional medical bill...”

As stated above the NPI number associated with the requestor is for Emergency Medicine – Emergency Medical Services not an institutional medical facility.

The submitted bill type (131) is not supported as billed. No payment is recommended.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Peggy Miller
Signature

Medical Fee Dispute Resolution Officer

June 20, 2024
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.