



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgical Hospital

Respondent Name

Ace American Insurance Co

MFDR Tracking Number

M4-24-2277-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

June 14, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 28, 2023	26356	\$7,084.74	\$0.00
Total		\$7,084.74	\$0.00

Requestor's Position

"According to the Medicare OPPS Addendum J Comprehensive APCs, Primary J1 Code 26356 billed in combination with Secondary J1 Code 65831 qualifies for Complexity Adjustment APC Assignment of 5114."

Amount in Dispute: \$7,084.74

Respondent's Position

The Austin carrier representative for Ace American Insurance Co is Downs & Stanford PC. The representative was notified of this medical fee dispute on June 25, 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 §134.043](#) sets out the reimbursement guidelines for outpatient hospital services.

Denial Reasons

- 1 – Charge exceeds Fee Schedule allowance
- 2 – This item is an integral part of an emergency room visit or surgical procedure and is therefore included in the reimbursement for the facility/APC rate.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- 5 – A technical Bill Review (TBR) has been performed.
- M15 – Separately billed service/tests have been bundled as they are considered component of the same procedure. Separate payment is not allowed.
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.

Issues

1. Is the requestor's position statement supported?

Findings

1. The requestor is seeking payment of outpatient hospital services rendered in December of 2023. They state in their position statement, "...Primary J2 Code 26356 billed in combination with Secondary J1 64831 qualifies for Complexity Adjustment."

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).

Review of Addendum J for CY 2023 evaluation statistics for complexity adjustment of combinations found at www.cms.gov, found the following.

Primary HCPCS Code	Primary Short Descriptor	Primary SI	Primary APC Assignment	Secondary J1 or Add-on HCPCS Code	Secondary Short Descriptor	Secondary SI	Qualifying Complexity Adjustment
26356	Repair finger/hand tendon	J1	5113	64831	Repair of digit nerve	J1	N

Based on this review, the requestor’s position is not supported. No additional reimbursement 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 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

		October 22, 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.