



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

University Medical Center

Respondent Name

American Casualty Co of Reading PA

MFDR Tracking Number

M4-24-2304-01

Carrier's Austin Representative

Box Number 57

DWC Date Received

June 18, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 20, 2023	250	\$0.00	\$0.00
November 20, 2023	301	\$0.00	\$0.00
November 20, 2023	360	\$2885.32	\$0.00
November 20, 2023	370	\$0.00	\$0.00
November 20, 2023	363	\$0.00	\$0.00
November 20, 2023	710	\$0.00	\$0.00
November 20, 2023	761	\$0.00	\$0.00
Total		\$2885.32	\$0.00

Requestor's Position

"The carrier originally paid \$1537.88. We submitted an appeal because they paid the incorrect code, and the carrier has denied additional reimbursement and upheld their original decision. Per NCCI edits, the payable code is CPT code 20680. The payable rate is \$2421.55 x wage index 0.8555 = \$4423.20. The carrier paid \$1537.88 leaving a balance due of \$2885.32 and this is the amount of our dispute."

Amount in Dispute: \$2885.32

Respondent's Position

"Procedure code 20680 has a status indicator of Q2, which denotes T-packaged codes. Payment for these services is packaged into the payment for any other procedures with status indicator T that are billed for the same date of service. Status indicator Q2 procedure is not allowed when billed with CPT 64415-59 which has been paid on the bill."

Response submitted by: Law Office of Brian J. Judis

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 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.

- 86 – Service performed was distinct or independent from other services performed on the same day.
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 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.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider based on this.

Issues

1. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking reimbursement of outpatient hospital services rendered in November 2023. The insurance carrier denied the disputed service as being packaged into another procedure.

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).

- Procedure code 20680 billed under Revenue code 360 has a status indicator of Q2 which is defined at www.cms.gov Addenda D1 as, “Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator “T”. While the requestor submitted the 59 modifier on the medical bill, the information submitted “Surgical Physician Documentation” does not support this procedure was separate and distinct. No payment is recommended.
- Procedure code 64415 has a status indicator of “T”. Based on the applicable Medicare payment policy, procedure code 20680 is packaged into procedure code 64415.

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 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 18, 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.