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
Odessa Medical Center

Respondent Name
Texas Association of Counties Risk Mgmt

MFDR Tracking Number
M4-25-1387-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
February 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 17, 2024	99284-25	$844.00	$0.00
May 17, 2024	73610-59	$173.16	$0.00
May 17, 2024	96372-59	$134.24	$0.00
	Total	$1151.40	$0.00

Requestor's Position

"Per the Texas Administrative Code 133.10 we have followed the billing guidelines for all of our Workers Compensation patients at all of our different Facilities."

Amount in Dispute: $1,151.40

Respondent's Position

"The Provider alleges that additional reimbursement is owed because the facility where the services were provided is a Freestanding Emergency Center. However, TAC contends that Freestanding Emergency Centers do not fall under the reimbursement for Outpatient facilities as they are not an "Acute Care Hospital" as defined in DWC Rule 134.403….Therefore, reimbursement for the services at issue are reimbursed pursuant to Division Rule 134.1 (e)… TAC reimbursed for these services per the Medicare OPPS methodologies and rates. The disputed bill was correctly reimbursed per the Medicare OPPS and TAC contends that the Provider's request

for APC pricing is inappropriate and should not be applied in this case."

Response submitted by: Burns Anderson Jury & Brenner, L.L.P.

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 §133.10 sets out the requirements of medical bill submission forms.

3. 28 TAC §133.20 sets out the billing requirements for medical bills.

Denial Reasons

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

- 1002 – Due to an error in processing the original bill, we are recommending further payment be made for the above noted procedure.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, 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.
- 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.
- 56 – Significant, separately identifiable e/m service rendered.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- 86 – Service performed was distinct or independent from other services performed on the same day.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 97 – Payment adjusted because 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.
- W3 – Bill is a reconsideration or appeal.

Issues

1. Did the requestor support submission of medical bill in accordance with applicable DWC requirements?

Findings

1. The requestor seeks additional reimbursement on a medical bill submitted on a UB04 with bill type 131.

   Review of box 56 of submitted bill found NPI number 1194290106. The NPPES website at www.cms.hhs.gov. indicates Taxonomy 1943400000c – Single Specialty Group and 207P00000X – Emergency Medicine and 261QE0002X – Clinic/Center – Emergency Care.

   Bill type 131 is defined by CMS as "Hospital Outpatient admit through discharge."

   DWC Rule 28 TAC §133.20 (c) states in pertinent parts, A health care provider must include correct billing codes… when submitting medical bills.

   DWC Rule 28 TAC §133.10(f)(1) states in pertinent parts, "All information submitted on required paper billing forms must be legible and completed in accordance with this section. The following data content or data elements are required for a complete professional or non-institutional medical bill…" As the disputed services were rendered in a non-institutional setting (clinic) the medical bill should be submitted on CMS 1500 form.

   Based on this review, DWC finds the bill type 131 is not valid for the requestor's medical bill as the reported NPI is not for an Outpatient Hospital and the billing form should have been the CMS 1500 for a non-institutional claim. No additional reimbursement is recommended.

Conclusion

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

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	March 26, 2025 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.