TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
BAYLOR SURGICARE AT GRANBURY

Respondent Name
ACCIDENT FUND INSURANCE CO OF AMERICA

MFDR Tracking Number
M4-19-3627-01

Carrier's Austin Representative
Box Number 06

MFDR Date Received
MARCH 29, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "There was no additional payment and the information I provided clearly shows the allowed for this procedure per Medicare is from 2018 not 2019 which is $277.26. So the workers' comp. allowed should be $651.56 with a balance due from them of $56.75."

Amount in Dispute: $56.75

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Accident Fund's position is that the amount paid on the bill is accurate because the bill was audited suing the 2018 rates. It appears that the provider was basing its request on 2019 rates which would not apply to the date of service."

Response Submitted by: Stone Loughlin Swanson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 17, 2018	Ambulatory Surgical Care Services CPT Code G0260	$56.75	$56.72

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307, effective May 31, 2012 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.402, effective August 31, 2008, sets out the reimbursement guidelines for ambulatory surgical care services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - P12-Workers' compensation jurisdictional fee schedule adjustment.

- 983-Charge for this procedure exceeds Medicare ASC schedule allowance.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3-Additional payment made on appeal/reconsideration.
- 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.
- 18-Exact duplicate claim/service.
- 247-A payment or denial has already been recommended for this service.

Issues

Is the requestor entitled to additional reimbursement for ASC services rendered on December 17, 2018?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of $56.75 for ambulatory surgical care services rendered to the injured worker on December 17, 2018. The fee guidelines for disputed services is found in 28 Texas Administrative Code §134.402.
2. Per ADDENDUM AA, CPT code 62350 is a non-device intensive procedure.
3. 28 Texas Administrative Code §134.402(f)(1)(B) states,

> The reimbursement calculation used for establishing the MAR shall be the Medicare ASC reimbursement amount determined by applying the most recently adopted and effective Medicare Payment System Policies for Services Furnished in Ambulatory Surgical Centers and Outpatient Prospective Payment System reimbursement formula and factors as published annually in the Federal Register. Reimbursement shall be based on the fully implemented payment amount as in ADDENDUM AA, ASC COVERED SURGICAL PROCEDURES FOR CY 2008, published in the November 27, 2007 publication of the Federal Register, or its successor. The following minimal modifications apply: (1) Reimbursement for non-device intensive procedures shall be: A) The Medicare ASC facility reimbursement amount multiplied by 235 percent.

The following formula was used to calculate the MAR:

The Medicare fully implemented ASC reimbursement for code G0260 CY 2018 is $283.06.

The Medicare fully implemented ASC reimbursement rate of $283.06 is divided by 2 = $141.53.

This number multiplied by the City Wage Index for Granbury, Texas is $141.53 X 0.9590 = $135.72.

Add these two together = $277.25.

To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = $651.53. The respondent paid $594.81. The requestor is due the difference between MAR and paid of $56.72.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $56.72.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor $56.72, plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this order.

Authorized Signature

		05/22/2019
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 in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.