



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

CALLOWAY CREEK SURGERY CENTER

Respondent Name

FIRST LIBERTY INSURANCE CORP

MFDR Tracking Number

M4-20-2971-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

AUGUST 18, 2020

REQUESTOR'S POSITION SUMMARY

"CPT Code 27792-Did not calculate correct Device Intensive allowable for ASC not requesting separate pymt for Implants. The correct allowable = \$6,576.86."

Amount in Dispute: \$770.21

RESPONDENT'S POSITION SUMMARY

"CPT 27792 was calculated at device intensive allowance...\$5,806.63...No additional allowance is due."

Response Submitted By: Liberty Mutual Insurance Co.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: December 20, 2019, Ambulatory Surgical Care Services (ASC) CPT Code 27792, \$770.21, \$0.00

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 (DWC).

Background

- 1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.402, effective August 31, 2008, sets out the reimbursement guidelines for ambulatory surgical care services.

3. The insurance carrier reduced/denied payment for the disputed services with the following claim adjustment reason codes:
- 4123-Allowance is based on Texas ASC device intensive procedure calculation and guidelines.
 - B13-Previously paid. Payment for this claim/service may have been provided in a previous payment.
 - P12-Workers' compensation jurisdictional fee schedule adjustment.

Issues

Is the requestor due additional reimbursement for ASC services CPT code 27792 rendered on December 20, 2019?

Findings

The requestor is seeking medical fee dispute resolution in the amount of \$770.21 for ASC services CPT code 27792 rendered on December 20, 2019.

The fee guideline for ASC services is found at 28 TAC §134.402.

The requestor did not seek separate reimbursement for the implantables; therefore, 28 TAC §134.402(f)(2)(A)(i)(ii) applies to this dispute.

28 TAC §134.402(f)(2)(A)(i)(ii) 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: (2) Reimbursement for device intensive procedures shall be: (A) the sum of: (i) the ASC device portion; and (ii) the ASC service portion multiplied by 235 percent.

The following formula was used to calculate the MAR:

- Step 1 calculating the device portion of the procedure:

The national reimbursement is found in the Addendum B for National Hospital Outpatient Prospective Payment System (OPPS) code 27792 for CY 2019 = \$5,699.59

The device dependent APC offset percentage for National Hospital OPPS found in Addendum P for code 27792 for CY 2019 is 32.68%

Multiply these two = \$1,954.90

- Step 2 calculating the service portion of the procedure:

Per Addendum AA, the Medicare ASC reimbursement rate for code 27792 for CY 2019 is \$3,568.05.

This number is divided by 2 = \$1,784.03.

This number multiplied by the City Wage Index for North Richland Hills, Texas of 0.9703 = \$1,731.04.

The sum of these two is the geographically adjusted Medicare ASC reimbursement = \$3,515.07.

The service portion is found by taking the geographically adjusted rate minus the device portion = \$1,560.17.

Multiply the service portion by the DWC payment adjustment of 235% = \$3,666.40.

- Step 3 calculate the MAR by adding the device and service portions = \$5,621.30

The DWC finds the MAR for CPT code 27792 is \$5,621.30. The respondent paid \$5,806.65. As a result, additional reimbursement is not 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

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		09/08/2020
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 28 Texas Administrative Code §133.307, 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 with the DWC. **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.