



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Grapevine Surgicare

Respondent Name

Keller ISD

MFDR Tracking Number

M4-22-0087-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

September 17, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 19, 2020	Ambulatory Surgical Care Services, (ASC), CPT Code 29888	\$945.24	\$1,633.61
	ASC CPT Code 29882	\$0.00	
	HCPCS Code C1713	\$3,689.14	\$0.00
Total		\$3,138.74	\$1,633.61

Requestor's Position

"At this time we are requesting that this claim paid in accordance with the 2021 Texas Workers Compensation Fee Schedule and Guidelines for Ambulatory Surgical Centers."

Amount in Dispute: \$3,138.74

Respondent's Position

The Austin carrier representative for Keller ISD is JI Specialty Services. JI Specialty Services received a copy of this medical fee dispute on September 21, 2021. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information

As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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 TAC §133.307, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.402, sets out the fee guidelines for ASC services.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 197-Payment denied/reduced for absence of precertification/authorization.
- 983-Charge for this procedure exceeds Medicare ASC schedule allowance.
- 4123-Allowance is based on Texas ASC device intensive procedure calculation and guidelines.
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 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.
- 5343-Please note this is a reconsideration for a prior review.

Issues

1. Is Keller ISD's denial of payment for implantables supported?
2. Is Keller ISD's denial of payment based upon a lack of preauthorization supported?
3. Is Grapevine Surgicare entitled to additional reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$3,138.74 for ASC services rendered on November 19, 2020.

The respondent contends the requestor is not entitled to separate reimbursement for HCPCS code C1713 based upon reason codes 97 and 4915.

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

28 TAC §134.402(f)(2)(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: (2) Reimbursement for device intensive procedures shall be: (B) If an ASC facility or surgical implant provider requests separate reimbursement for an implantable, reimbursement for the device intensive procedure shall be the sum of: (i) the lesser of the manufacturer's invoice amount or the net amount (exclusive of rebates and discounts) plus 10 percent or \$1,000 per billed item add-on, whichever is less, but not to exceed \$2,000 in add-on's per admission; and (ii) the ASC service portion multiplied by 235 percent.

28 TAC §133.10(f)(1)(W) states,

All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form. (1)The following data content or data elements are required for a complete professional or non-institutional medical bill related to Texas workers' compensation health care: (W) supplemental information (shaded portion of CMS-1500/field 24d - 24h) is required when the provider is requesting separate reimbursement for surgically implanted devices or when additional information is necessary to adjudicate payment for the related service line."

A review of the submitted medical bill finds the requestor did not indicate on fields 24d-24h a request for separate reimbursement for the implantables. The DWC concludes the requestor did not comply with 28 TAC §133.10(f)(1)(W) for requesting separate reimbursement for implantables; therefore, the respondent's denial of payment for HCPCS code C1713 is supported.

2. The respondent reimbursed the requestor \$2,929.79 for CPT code 29888 based upon a lack of preauthorization. The respondent did not submit any documentation to support this reduction. The DWC finds the respondent's reduction based upon reason code 197 is not supported.
3. Per Addendum AA, CPT codes 29888 is a device intensive procedure.

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 29888 for CY 2020 = \$5,981.95.

The device dependent APC offset percentage for National Hospital OPPS found in Addendum P for code 29888 for CY 2020 is 36.51%

Multiply these two = \$2,184.01.

- Step 2 calculating the service portion of the procedure:

Per Addendum AA, the Medicare ASC reimbursement rate for code 29888 for CY 2020 is \$3,873.24.

This number is divided by 2 = \$1,936.62.

This number multiplied by the City Wage Index for Grapevine, Texas of 0.9792 = \$1,896.34

The sum of these two is the geographically adjusted Medicare ASC reimbursement = \$3,832.96.

The service portion is found by taking the geographically adjusted rate minus the device portion = \$1,648.95.

Multiply the service portion by the DWC payment adjustment of 235% = \$3,875.03.

- Step 3 calculating the MAR:

The MAR is determined by adding the sum of the reimbursement for the device portion and the service portion = \$6,059.04.

The DWC finds the MAR for CPT code 29888 is \$6,059.04.

4. Per Addendum AA, CPT code 29882 is a non-device intensive procedure.

28 TAC §134.402(f)(1)(A) 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 ASC reimbursement for code 29882 CY 2020 is \$1,286.26.

The Medicare ASC reimbursement is divided by 2 = \$643.13.

This number multiplied by the City Wage Index for Grapevine, Texas of 0.9792 = \$629.75.

Add these two together = \$1,272.88.

To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = \$2,991.27. This code is subject to multiple procedure rule discounting of 50% = \$1,495.63.

The DWC finds the MAR for CPT code 29882 is \$1,495.63

The DWC finds the MAR for the ASC services rendered on November 19, 2020 is \$7,554.67. The respondent paid \$5,921.06. The DWC finds the requestor is due additional reimbursement of \$1,633.61.

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 established that additional reimbursement \$1,633.61 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Keller ISD must remit to Grapevine Surgicare \$1,633.61 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.}

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

01/07/2022

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, **option 3 or email** CompConnection@tdi.texas.gov.