



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Grapevine Surgicare

Respondent Name

AIU Insurance Company

MFDR Tracking Number

M4-22-0319-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 15, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 1, 2021	CPT 29888	\$0.00	\$0.00
March 1, 2021	CPT 29881	\$0.00	\$0.00
March 1, 2021	HCPCS C1762	\$3,484.80	\$0.00
March 1, 2021	HCPCS C1713	\$3,603.60	\$0.00
Total		\$6,528.02	\$0.00

Requestor's Position

The following is a breakdown of how this claim should be processed ...

CPT 29888 allows \$6081.51 (pays @ 100%) = \$6081.51

CPT 29881 allows \$1000.71 (pays @ 50%) = \$1000.71

CPT C1762 allows \$3168.00 (cost) + \$316.80 (10% interest) = \$3484.80

CPT C1713 allows \$3276.00 (cost) + \$327.60 (10% interest) = \$3603.60

Claim Allowed Total = \$14170.62

Less Payment of \$7642.60

We are allowed an additional payment of \$6528.02

Amount in Dispute: \$6,528.02

Respondent's Position

It is the carrier's position that the provider has already been reimbursed pursuant to the Medical Fee Guidelines and the provider is not entitled to any additional reimbursement.

Response Submitted by: Flahive, Ogden & Latson

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 the payment for the disputed services with the following claim adjustment codes:

- 5083 – Op report/medical records are required for review. Please re-submit bill with proper information for further processing.
- 16 – Claim/service lacks information or has billing/submission error(s) which is needed for adjudication.
- 252 – An attachment/other documentation is required to adjudicate this claim/service.
- M23 – Missing invoice
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 1001 – Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
- 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.
- 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
- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- W3-No additional reimbursement allowed after review of appeal/reconsideration/request for second review.
- N111 – No appeal right except duplicate claim/service issue. This service was included

in a claim that has been previously billed and adjudicated.

Issues

1. Is Grapevine Surgicare entitled to additional reimbursement?

Findings

1. Grapevine Surgicare is seeking additional reimbursement for ASC services billed with CPT codes 29888 and 29881 as well as HCPCS codes C1762 and C1703. Per submitted CMS1500 bills, the requestor did not request separate reimbursement for implantables.

The insurance carrier reduced payment, in part, based on billing errors.

The fee guidelines for disputed services are found in 28 TAC §134.402.

- A. Per Addendum AA, CPT codes 29888 is a device intensive procedure.

28 TAC §134.402(f)(2)(A) states,

(f) 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; or

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 2021 = \$6,264.95.

The device dependent APC offset percentage for National Hospital OPPS found in Addendum P for code 29888 for CY 2021 is 38.24%.

Multiply these two = \$2,395.72.

- Step 2 calculating the service portion of the procedure:

Per Addendum AA, the Medicare ASC reimbursement rate for code 29888 for CY 2021 is \$4,035.99.

This number is divided by 2 = \$2,018.00

This number multiplied by the City Wage Index for Grapevine, Texas of 0.9697 = \$1,956.85.

The sum of these two is the geographically adjusted Medicare ASC reimbursement = \$3,974.85.

The service portion is found by taking the geographically adjusted rate minus the device portion = \$1,579.13.

Multiply the service portion by the DWC payment adjustment of 235% = \$3,710.96.

- Step 3 calculating the MAR:

The MAR is determined by adding the sum of the reimbursement for the device portion and the service portion = \$6,106.68.

B. Per Addendum AA, CPT code 29881 is a non-device intensive procedure.

28 TAC §134.402(f)(1)(A) states,

(f) 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 29881 CY 2021 is \$1,328.25.

The Medicare ASC reimbursement is divided by 2 = \$664.13.

This number multiplied by the City Wage Index for Grapevine, Texas of 0.9697 = \$644.01.

Add these two together = \$1,308.14.

To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = \$3,074.13. This code is subject to multiple procedure rule discounting of 50% = \$1,537.07.

Because Grapevine Surgicare did not request separate reimbursement for implantables, DWC finds that the total MAR for the ASC services rendered on March 1, 2021, is \$7,643.75. AIU Insurance Company paid \$7,642.60. Grapevine Surgicare is seeking \$0.00 for the payable codes reviewed in this dispute. No additional reimbursement is recommended.

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 not entitled to additional reimbursement for the disputed services.

Authorized Signature

_____	_____	December 1, 2021
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 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.