

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Park Cities Surgery Center

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-22-0293-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

October 28, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 12, 2021	Ambulatory Surgical Care Services, (ASC), CPT Code 23410	\$4,972.40	\$5,758.46
	ASC CPT Code 29824	\$786.06	
	HCPCS Code C1713	\$0.00	\$0.00
Total		\$5,758.46	\$5,758.46

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: \$5,758.46

Respondent's Position

"Requestor is not owed any additional reimbursement for the date of service in dispute."

Response Submitted By: Downs Stanford, PC

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:

- 4063-Reimbursement is based on the physician fee schedule when a professional service was performed on the facility setting.
- 78-The allowance for this procedure was adjusted in accordance with multiple surgical procedure rules and/or guidelines.
- 57-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.
- 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 18-Exact duplicate claim/service.
- W3-No additional reimbursement allowed after review of appeal/reconsideration/request for second review.

1. Is Park Cities Surgery Center entitled to additional reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$5,758.46 for ASC services rendered on May 12, 2021.

The respondent contends that additional reimbursement is not due because payment of \$2,577.70 was made per the fee guideline.

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

A. Per Addendum AA, CPT code 23410 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 23410 CY 2021 is \$2,929.17.

The Medicare ASC reimbursement is divided by 2 = \$1,464.59.

This number multiplied by the City Wage Index for University Park, Texas of 0.9744 = \$1,427.09.

Add these two together = \$2,891.68.

To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = \$6,795.44.

The DWC finds the MAR for CPT code 23410 is \$6,795.44.

B. Per Addendum AA, CPT code 29824 is a non-device intensive procedure.

The Medicare ASC reimbursement for code 29824 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 University Park, Texas of 0.9744 = \$647.12.

Add these two together = \$1,311.25.

To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = \$3,081.45. This code is subject to multiple procedure rule discounting of 50% = \$1,540.72.

The DWC finds the MAR for CPT code 29824 is \$1,540.72

The DWC finds the MAR for the ASC services rendered on May 12, 2021 is \$8,336.16. The respondent paid \$2,577.70. The DWC finds the requestor is due additional reimbursement of \$5,758.46.

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 \$5,758.46 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 Indemnity Insurance Co. of North America must remit to Park Cities Surgery Center \$5,758.46 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

11/30/2021

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.