



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Grapevine Surgicare

Respondent Name

Hanover American Insurance Co.

MFDR Tracking Number

M4-22-0472-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

November 4, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 5, 2021	Ambulatory Surgical Care Services, (ASC), CPT Code 23120	\$0.00	\$0.00
	ASC CPT Code 29822	\$1,537.06	\$0.00
Total		\$1,537.06	\$0.00

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: \$1,537.06

Respondent's Position

"Shoulder arthroscopy procedures include limited debridement (e.g., CPT code 29822) even if the limited debridement is performed in a different area of the same shoulder other than the procedure."

Response Submitted By: Medata

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:

- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 97-The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day.

1. Is Grapevine Surgicare entitled to reimbursement for CPT code 29822?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$1,537.06 for ASC services rendered on May 5, 2021.

The respondent contends that reimbursement is not due because CPT code 29822 is a component of code 23120; therefore, reimbursement is not due.

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

28 TAC §134.402(b)(6) states,

Definitions for words and terms, when used in this section, shall have the following meanings, unless clearly indicated otherwise: (6) "Medicare payment policy" means reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.

28 TAC §134.402(d) states,

For coding, billing, and reporting, of facility services covered in this rule, Texas workers' compensation system participants shall apply the Medicare payment policies in effect on the date a service is provided with any additions or exceptions specified in this section, including the following paragraphs.

Per CMS Correct Coding Initiative Edits, CPT code 29822 is global to code 23120; however, a modifier is allowed to differentiate the service. A review of the requestor's

billings finds the requestor appended modifier "LT-Left Side" to both codes. This code does not differentiate code 29822 as a separately identifiable service from code 23120. As a result, the respondent's denial of payment is supported.

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 reimbursement 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.

Authorized Signature

_____	_____	12/07/2021
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 prefieres 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.