

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Physicians Surgical Center

Respondent Name

TASB Risk Management Fund

MFDR Tracking Number

M4-22-0767-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

December 22, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 17 2021	Ambulatory Surgical Care Services, (ASC), CPT Code 29827	\$0.00	\$139.03
	ASC CPT Code 29828	\$9.01	
	ASC CPT Code 64415	\$480.95	
	HCPCS Code C9290	\$0.00	\$0.00
Total		\$142.03	\$139.03

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: \$142.03

Respondent's Position

"The previous allowance will be standing as this was paid at the correct markup and there was no request for separate reimbursement for implants from the Ambulatory Surgical Center."

Response Submitted By: TASB

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.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 790-This charge was reimbursed in accordance to the Texas medical fee guideline.
- 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 615-Payment for this service has been reduced according to Medicare multiple surgery guidelines.
- 435-Per NCCI Edits, the value of this procedure is included in the value of the comprehensive procedure.
- 236-This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the NCCI or workers compensation state regulations/fee schedule requirements.
- 350-Bill has been identified as a request for reconsideration or appeal.
- 59-Processed based on multiple or concurrent procedure rules.
- 351-No additional reimbursement allowed after review of appeal reconsideration.
- 618-The value of this procedure is packaged into the payment of other services performed on the same date of service.
- 662-Separate payment for this service is not warranted as the service is an integral part of the surgical procedure package.
- 95-Plan procedure not followed.

Issues

1. Is TASB's denial of reimbursement for CPT code 64415 based on unbundling supported?
2. Is Physicians Surgical Center entitled to additional reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$142.03 for ASC services rendered on August 17, 2021.

The respondent denied reimbursement for CPT code 64415 based upon reason codes "236" and "435." (description listed above).

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

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."

On the disputed date of service, the requestor billed CPT codes 29827, 29828, 64415-59, 29826, 76942-TC, C1713, and C9290. The requestor appended modifier 59 to code 64415 to delineate a separate service.

Per NCCI edits, CPT code 64415 is a component of code 29827 and 29828 and a modifier is allowed to differentiate the service. The requestor appended modifier 59 to code 64415 to delineate a separate service.

A review of the Operative report indicates, [redacted].

The DWC finds the respondent's denial based upon unbundling is not supported.

2. The respondent contends that additional reimbursement is not due because payment of \$10,510.85 was made per the fee guideline.

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

A. Per Addendum AA, CPT codes 29827 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 29828 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 Fort Worth, Texas of 0.9697 = \$1,420.21.

Add these two together = \$2,884.80.

To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = \$6,779.29.

The DWC finds the MAR for CPT code 29827 is \$6,779.29

B. Per Addendum AA, CPT code 29828 is a non-device intensive procedure.

The following formula was used to calculate the MAR:

The Medicare ASC reimbursement for code 29828 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 Fort Worth, Texas of 0.9697 = \$1,420.21.

Add these two together = \$2,884.80.

To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = \$6,779.29.

This code is subject to multiple procedure rule discounting of 50% = \$3,389.64

The DWC finds the MAR for CPT code 29828 is \$3,389.64.

C. Per Addendum AA, CPT code 64415 is a non-device intensive procedure.

The following formula was used to calculate the MAR:

The Medicare ASC reimbursement for code 64415 CY 2021 is \$415.61.

The Medicare ASC reimbursement is divided by 2 = \$207.81.

This number multiplied by the City Wage Index for Fort Worth, Texas of 0.9697 = \$201.51.

Add these two together = \$409.32.

To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = \$961.90.

This code is subject to multiple procedure rule discounting of 50% = \$480.95

D. The DWC finds the MAR for CPT code 64415 is \$480.95

The DWC finds the MAR for the ASC services rendered on August 17, 2021 is \$10,649.88. The respondent paid \$10,510.85. The DWC finds the requestor is due additional reimbursement of \$139.03.

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 \$139.03 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 TASB Risk Management Fund must remit to Physicians Surgical Center \$139.03 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	01/31/2022
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, **option 3 or email** CompConnection@tdi.texas.gov.