



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

North Garland Surgery Center

**Respondent Name**

Sentry Casualty Co.

**MFDR Tracking Number**

M4-22-1423-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

March 10, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 17, 2021	Ambulatory Surgery Center (ASC) Services – CPT 28730	\$1,387.19	\$0.00
	ASC CPT 76000		
	ASC HCPCS C1713		
	ASC HCPCS L8699		

### 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:** \$1,387.19

### Respondent's Position

We have reviewed and determined that we priced corrected per TX fee schedule.

**Response Submitted by:** Sentry Insurance

## 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 ambulatory surgery center services.

### Denial Reasons

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

- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- A90 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- 618 – This item or service is not covered or payable under the Medicare Outpatient Fee Schedule.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 353 – This charge was reviewed per the attached invoice.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual

### Issues

1. Is North Garland Surgery Center entitled to additional reimbursement?

### Findings

1. North Garland Surgery Center is seeking reimbursement of \$1,387.19 for services performed on September 17, 2021.

Sentry Casualty Co. argued that it paid the requestor in accordance with the fee guidelines.

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

Per Addendum AA, CPT codes 28730 is a device intensive procedure. Separate reimbursement was requested for implantables.

28 TAC §134.402(f)(2)(B)(i)(ii) states,

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.

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 28730 for CY 2021 = \$12,314.76.

The device dependent APC offset percentage for National Hospital OPPS found in Addendum P for code 28730 for CY 2021 is 52.25%

Multiply these two = \$6,434.46.

- Step 2: Calculating the service portion of the procedure

Per Addendum AA, the Medicare ASC reimbursement rate for code 28730 for CY 2021 is \$9,017.04.

This number is divided by 2 = \$4,508.52.

This number multiplied by the City Wage Index for Garland, Texas of 0.9744 = \$4,393.10.

The sum of these two is the geographically adjusted Medicare ASC reimbursement = \$8,901.62.

The service portion is found by taking the geographically adjusted rate minus the device portion = \$2,467.16.

Multiply the service portion by the DWC payment adjustment of 235% = **\$5,797.83.**

The MAR for code 28730 when separate reimbursement for implantables is sought is \$5,797.83. The respondent paid \$12,232.29. As a result, additional reimbursement cannot be 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
May 10, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).