

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Park Cities Surgery Center

Respondent Name

City of Dallas

MFDR Tracking Number

M4-22-1465-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

March 16, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 7, 2021	29888	\$3264.65	\$30.45
December 7, 2021	29881	\$0.00	\$0.00
December 7, 2021	C1713	\$0.00	\$0.00
Total		\$3264.65	\$30.45

Requestor's Position

"This claim is a facility charge for an Ambulatory Surgical Center, it is NOT a physician charge."

Amount in Dispute: \$3264.62

Respondent's Position

"In reviewing the current ASC fee schedule for the disputed service – 29888, it is found that the original payment for CPT 29888 was correct as this procedure is described as a Device Intensive Procedure with a status indicator of J8 per the Medicare ASC Payment Rates under Addendum AA – ASC Covered Surgical Procedures for 2021. The request being made by the medical provider their supporting documentation reflects to be for a Non-Device Intensive Procedure code which would be incorrect. Therefore, no additional payment is being recommended at this time.

Response Submitted By: Injury Management Organization, Inc

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:

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title
- 102 – Multiple surgery rules allow for this procedure to be paid at 50%
- 881 – This item is an integral part of an emergency room visit or surgical procedure and is therefore included in the reimbursement for the facility/APC rate
- 889 – Device-intensive procedure added to ASC list in CY 2008 or later; paid at adjusted rate
- 59 – Processed based on multiple or concurrent procedure rules
- 97 – 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

Issues

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

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$3264.62 for ASC services rendered on December 7, 2021.

The respondent contends that additional reimbursement is not due because payment was made per the fee guideline.

The fee guideline for disputed service is found in 28 TAC §134.402 §134.402(f)(2)(A)(i)(ii) which 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:

(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.

Review of CY 2021 Addendum AA found disputed CPT Code 29888 is a device intensive procedure.

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 CBSA Wage Index for University Park Texas of 0.9744 = \$1,966.34.

The sum of these two is the geographically adjusted Medicare ASC reimbursement = \$3,984.34.

The service portion is found by taking the geographically adjusted rate minus the device portion = \$3,984.34 – \$2,395.72 = \$1,588.62.

Multiply the service portion by the DWC payment adjustment of 235% = \$1,588.62 x 235% = \$3,733.26.

Step 3 calculating the MAR:

The MAR is determined by adding the sum of the reimbursement for the device portion and the service portion = \$2,395.72 + 3,733.26 = \$6128.98

The DWC finds the MAR for CPT code 29888 is \$6128.98.

The DWC finds the MAR for the ASC services rendered on December 7, 2021, is \$6128.98. The respondent paid \$6,098.53. The DWC finds the requestor is due additional reimbursement of \$30.45.

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 \$30.45 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 City of Dallas must remit to Park Cities Surgery Center \$30.45 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

April 26, 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. 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.