

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Park Cities Surgery Center

Respondent Name

Tx Assoc of Counties Rmp

MFDR Tracking Number

M4-22-1824-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

April 25, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 1, 2022	29888	\$9363.18	\$0.00
February 1, 2022	27385	\$0.00	\$0.00
February 1, 2022	27427	\$0.00	\$0.00
February 1, 2022	C1713	\$0.00	\$0.00
February 1, 2022	C9290	\$0.00	\$0.00
Total		\$7,470.26	\$0.00

Requestor's Position

"At this time we are requesting that this claim paid in accordance with the 2022 Texas Workers Compensation Fee Schedule and Guidelines for Ambulatory Surgical Centers.."

Amount in Dispute: \$7,470.26

Respondent's Position

"...TAC RMP reviewed the request and determined the medical bill was appropriately reduced pursuant to the fee schedule and duplicative codes were not reimbursed. For example, CPT code 29888 is already covered by 27427 which TAC RMP paid \$6,318.88 for. As such, TAC RMP asserts Park Cities Surgery Center failed to credibly establish they are entitled to any additional reimbursement."

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 payment policies for ambulatory surgical centers.

Denial Reasons

The insurance carrier 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
- 899 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient code editor) component codes of comprehensive surgery musculoskeletal system procedure (2000-29999) has been disallowed
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated

Issues

1. Is the insurance carrier's denial supported?

Findings

1. The requestor is seeking reimbursement for Code 29888 as part of a surgery done in February 2022. The insurance carrier denied the service based on NCCI edits.

DWC Rule §134.402(d) states in pertinent part for coding billing and reporting of facility services Texas Worker's Compensation participants shall apply the Medicare payment policies in effect on the date a service is provided.

Review of the CMS National Correct Coding edits found Code 2988 has a a bundled relationship with Code 27427. The insurance carrier's denial is supported. No payment is 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 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, opción 3 o correo electrónico CompConnection@tdi.texas.gov.