



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Metrocrest Surgery Center  
LP

**Respondent Name**

General Motors LLC

**MFDR Tracking Number**

M4-22-1860-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

April 28, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 5, 2021	63685	\$33,771.68	\$1,089.16
November 5, 2021	63650	\$4,134.33	\$123.91
November 5, 2021	63650	\$4,134.33	\$123.91
November 5, 2021	76000	\$0.00	\$0.00
November 5, 2021	C1820	\$0.00	\$0.00
<b>Total</b>		<b>\$41,040.35</b>	<b>\$1,336.98</b>

### 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:** \$41,040.35

### Respondent's Position

"As the attached explanation of benefits highlights, the majority of the additional amount is for duplicative charges and the treatment provided does not warrant a separate payment for the treatment which has already been adjudicated. As such, General Motors asserts no additional payment is warranted."

**Response submitted by:** Burns Anderson Jury & Brenner, L.L.P.

## **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 surgical centers.

### Denial Reasons

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

- 247 – A payment or denial has already been recommended for this service
- 18 – Exact duplicate claim/service
- 4123 – Allowance is based on Texas ASC device intensive procedure calculation and guidelines
- 4915 – The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment
- 86 – Service performed was distinct or independent from other services performed on the same day
- 983 – Charge for this procedure exceeds Medicare ASC schedule allowance
- 197 – Payment denied/reduced for absence of precertification/authorization
- P12 – Workers' compensation jurisdictional fee schedule adjustment

### Issues

1. Is the insurance carriers' reduction supported?
2. What rule applies for determining reimbursement for the disputed services?
3. Is the requester entitled to additional reimbursement?

## Findings

1. The request is seeking additional reimbursement for surgery rendered in November 2021 in an ambulatory surgical center. The insurance reduced the charges based on workers' compensation fee schedule and on lack of preauthorization. Review of the submitted medical bill did find an authorization number listed. Insufficient evidence was found to support prior authorization reduction. The disputed services will be reviewed per applicable fee guidelines.
2. DWC Rule 28 TAC §134.402 (d) requires Texas workers' compensation system participants when coding, billing, reporting and reimbursement to apply Medicare payment policies in effect on the date of service.

The Medicare payment policy applicable to the services in dispute is found at [www.cms.gov](http://www.cms.gov), Claims processing Manual, Chapter 4, Section 10.1.2 specifically Ambulatory Surgical Center Services on ASC list. Beginning with the implementation of the 2008 revised payment system, the labor related adjustments to the ASC payment rates are based on the Core-Based Statistical Area (CBSA) methodology. Payment rates for most services are geographically adjusted using the pre-reclassification wage index values that CMS uses to pay non-acute providers. The adjustment for geographic wage variation will be made based on a 50 percent labor related share.

DWC Rule 28 TAC §134.402 (f) states in pertinent part 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 published in the Federal Register. Reimbursement for device intensive procedures shall be the sum of the ASC device portion and the ASC service portion multiplied by 235 percent.

The following formula was used to calculate the MAR:

Procedure Code 63685 has a payment indicator of J8. This is a device intensive procedure paid at an adjusted. 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 of CMS Outpatient Prospective Payment System (OPPS) for code 63685 for date of service in dispute is \$29,444.52.
- The device dependent APC offset percentage for CMS OPPS found in Addendum P for code 63685 for date of service in dispute is 82.22%
- Multiply these two =  $\$29,444.52 \times 82.22\% = \$24,209.28$

Step 2 calculating the **service portion** of the procedure:

- Per Addendum AA, the Medicare ASC reimbursement rate for 63685 for date of service in dispute is \$23,894.02.
- This number is divided by 2 =  $\$23,894.02 \div 2 = \$11,947.01$ .
- This number multiplied by the CBSA for Carrollton, Texas of 0.9744 =  $\$11,947.01 \times 0.9744 = \$11,641.17$ .
- The sum of these two is the geographically adjusted Medicare ASC reimbursement =  $\$11,947.01 + \$11,641.17 = \$23,588.18$ .
- The service portion is found by taking the geographically adjusted rate minus the device portion =  $\$23,588.18 - \$24,209.28 = (\text{negative}) -\$621.10$
- Multiply the service portion by the DWC payment adjustment of 235% =  $(\text{negative}) -621.10 \times 235\% = (\text{negative}) -\$1,459.58$ .

Step 3 calculating the MAR:

- The MAR is determined by adding the sum of the reimbursement for the device portion and the service portion =  $\$24,209.28 + (\text{negative}) -\$1,459.58 = \$22,749.70$ . The insurance carrier paid \$21,660.54.

Procedure Code 63650 has a payment indicator of J8. This is a device intensive procedure paid at an adjusted rate. This code is not subject to multiple procedure discounting. 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 CMS Outpatient Prospective Payment System (OPPS) for date of service in dispute is \$6,160.68.
- The device dependent APC offset percentage for CMS OPPS found in Addendum P for code 63650 for date of service in dispute is 48.22%.
- Multiply these two =  $\$6,160.68 \times 48.22\% = \$2,970.68$

Step 2 calculating the **service portion** of the procedure:

- Per Addendum AA, the Medicare ASC reimbursement rate for code 63650 for disputed date of service is \$4,473.13.
- This number is divided by 2 =  $\$4,473.13 \div 2 = \$2,236.56$ .
- This number multiplied by the CBSA for Carrollton, Texas of 0.9744 =  $\$2,236.56 \times 0.9744 = \$2,179.31$ .
- The sum of these two is the geographically adjusted Medicare ASC reimbursement =  $\$2,236.56 + \$2,179.31 = \$4,415.87$ .

- The service portion is found by taking the geographically adjusted rate minus the device portion =  $\$4,415.87 - \$2,970.68 = \$1,445.19$
- Multiply the service portion by the DWC payment adjustment of 235% =  $\$1445.19 \times 235\% = \$3,396.19$ .

Step 3 calculating the MAR:

- The MAR is determined by adding the sum of the reimbursement for the device portion and the service portion =  $\$2,970.68 + \$3,396.19 = \$6,366.87$ . The insurance carrier paid  $\$6,242.96$ .

Procedure Code 63650 has a payment indicator of J8. This is a device intensive procedure paid at an adjusted rate. This code is not subject to multiple procedure discounting. 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 CMS Outpatient Prospective Payment System (OPPS) for date of service in dispute is  $\$6,160.68$ .
- The device dependent APC offset percentage for CMS OPPS found in Addendum P for code 63650 for date of service in dispute is 48.22%.
- Multiply these two =  $\$6,160.68 \times 48.22\% = \$2,970.68$

Step 2 calculating the **service portion** of the procedure:

- Per Addendum AA, the Medicare ASC reimbursement rate for code 63650 for disputed date of service is  $\$4,473.13$ .
- This number is divided by 2 =  $\$4,473.13 \div 2 = \$2,236.56$ .
- This number multiplied by the CBSA for Carrollton, Texas of 0.9744 =  $\$2,179.31$ .
- The sum of these two is the geographically adjusted Medicare ASC reimbursement =  $\$2,236.56 + \$2,179.31 = \$4,415.87$ .
- The service portion is found by taking the geographically adjusted rate minus the device portion =  $\$4,415.87 - \$2,970.68 = \$1,445.19$
- Multiply the service portion by the DWC payment adjustment of 235% =  $\$1445.19 \times 235\% = \$3,396.19$ .

Step 3 calculating the MAR:

- The MAR is determined by adding the sum of the reimbursement for the device portion and the service portion =  $\$2,970.68 + \$3,396.19 =$

\$6,366.87. The insurance carrier paid \$6,242.96.

3. The DWC finds the MAR for the disputed codes 63685, 63650 and 63640 is \$35,483.44. The respondent paid \$34,146.46. Payment of \$1,336.98 is due to the requestor.

### 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 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 respondent must remit to requestor \$1,336.98 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

_____	_____	<u>August 10, 2022</u>
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](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).