



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Park Cities Surgery Center

Respondent Name

Tarrant County

MFDR Tracking Number

M4-22-1906-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

May 4, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 19, 2022	29827	\$549.79	\$549.79
January 19, 2022	29824	\$123.79	\$123.79
January 19, 2022	29826	\$0.00	\$0.00
January 19, 2022	C1713	\$0.00	\$0.00
Total		\$673.58	\$673.58

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: \$673.58

Respondent's Position

The Austin carrier representative for Tarrant County is JI Specialty Services. The representative was notified of this medical fee dispute on May 10, 2022.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We

will base this decision on the information available.

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:

- 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
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 877 – Reimbursement is based on the contracted amount
- 983 – Charge exceeds Medicare ASC schedule allowance
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement
- 97 – Payment adjusted because 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 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 requestor is seeking additional reimbursement for surgery rendered at an ambulatory surgical center in January 2022. The insurance carrier reduced the service based on contracted fee. Review of the submitted documentation found insufficient evidence to support a contracted rate. The services in dispute 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, 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.

Procedure Code 29827 has a payment indicator of A2 – payment based on OPSS relative payment weight. DWC Rule 28 TAC 134.402 (f) (2) states in pertinent part reimbursement for non-device intensive procedures shall be 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 29827 for applicable date of service is \$2,998.15
- The Medicare ASC reimbursement is divided by 2 = \$1,499.07.
- This number multiplied by the CBSA for University Park, Texas of 0.9699 = \$1,453.95.
- Add these two together = \$2,953.02.
- To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = \$6,939.60.

Procedure Code 29824 has a payment indicator of A2 – payment based on OPSS relative payment weight. The following formula was used to calculate the MAR:

- The Medicare ASC reimbursement for code 29824 for applicable date of service is \$1,360.34.
- The Medicare ASC reimbursement is divided by 2 = \$680.17

- This number multiplied by the CBSA for University Park, Texas of 0.9699 = \$659.70.
- Add these two together = \$1,339.87.
- To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = \$3,148.69 This code is subject to multiple procedure discounting and will be reduced by 50% for a MAR of \$1,574.34.

3. The DWC finds the MAR for the disputed services is \$8,513.94. The respondent paid \$7,662.58. The requestor is seeking \$673.58. This amount 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 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 Tarrant County must remit to Park Cities Surgery Center \$673.58 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130

Authorized Signature

		July 20, 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, opción 3 o correo electrónico CompConnection@tdi.texas.gov.