TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Baylor Surgicare @ Blue Star

Respondent Name
Tarrant County Hospital District

MFDR Tracking Number
M4-22-1998-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
May 13, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 29, 2021	62350	$1,769.16	$166.59
December 29, 2021	62362	$17,874.81	$834.63
December 29, 2021	C1755	$0.00	$0.00
December 29, 2021	C1772	$0.00	$0.00
	Total	$19,643.97	$1,001.22

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: $19,643.97

Respondent's Position

"This dispute involves a date of service of December 29, 2021, with an amount originally billed at $26,013.00. The bill reduced to $17,311.00 and paid. Two requests for reconsideration were made on April 11, 2022 and May 3, 2022 and no additional allowance was made. The carrier's position remain consistent with its EOB."

Response submitted by: Flahive, Ogden & Latson

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:

- 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
- 561 – According to the state fee schedule. This procedure code is not considered a valid reimbursable code. Please re-submit with a valid code
- 861 – The allowance was adjusted in accordance with multiple procedure rules and/or guidelines
- 983 – Charge for this procedure exceeds Medicare ASC schedule allowance
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
- 197 – Payment denied/reduced for absence of precertification/authorization
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already exists
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 247 – A payment or denial has already been recommended for this service
- 18 – Exact duplicate claim/service

Issues

1. What rule applies for determining reimbursement for the disputed services?

2. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking additional reimbursement for ambulatory surgical service rendered in December of 2021. The insurance carrier adjusted the allowed amount based on the workers'

compensation fee schedule and multiple procedure 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.

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. A separate request for implant reimbursement was not made.

The following formula was used to calculate the MAR:

Procedure Code 62362 has a payment indicator of J8. This is a device intensive procedure paid at an adjusted rate. 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 62362 for applicable date of service = $17,031.90.
- The device dependent APC offset percentage for National Hospital OPPS found in Addendum P for code 62362 for 2021 is 74.11%.
- Multiply these two = $17, 031.90 x 74.11% = $12,622.34.

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

- Per Addendum AA, the Medicare ASC reimbursement rate for code 62362 for applicable date of service is $14,162.85.
- This number is divided by 2 = $14,162.85/2 = $7,081.42.

- This number multiplied by the CBSA wage index for Frisco, Texas of 0.9744 = $7,018.42 x 0.9744 = $6,900.14.
- The sum of these two is the geographically adjusted Medicare ASC reimbursement = $7,081.42 + $6,900.14 = $13,981.56.
- The service portion is found by taking the geographically adjusted rate minus the device portion = $13,981.56 - $12,622.34 = $1,359.22.
- Multiply the service portion by the DWC payment adjustment of 235% = $1,359.22 x 235% = $3,194.17.

Step 3 calculating the MAR:

- The MAR is determined by adding the sum of the reimbursement for the device portion and the service portion = $12,622.34 + $3,194.17 = $15,816.51

Procedure Code 62350 has a payment indicator of J8 and is subject to multiple procedure discount of 50% reduction. This is a device intensive procedure paid at an adjusted rate. 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 62350 for applicable date of service = $5,700.29.
- The device dependent APC offset percentage for National Hospital OPPS found in Addendum P for code 62350 for 2021 is 41.65%
- Multiply these two = $5,700.29 x 41.65% = $2,374.17.
- Step 2 calculating the **service portion** of the procedure:
- Per Addendum AA, the Medicare ASC reimbursement rate for code 62350 for applicable date of service is $3,533.15.
- This number is divided by 2 = $3,533.15/2 = $1,766.57.
- This number multiplied by the CBSA wage index for Frisco, Texas of 0.9744 = $1,766.57 x 0.9744 = $1,721.35.
- The sum of these two is the geographically adjusted Medicare ASC reimbursement = $1,766.57 + 1,721.35 = $3,487.92.
- The service portion is found by taking the geographically adjusted rate minus the device portion = $3,487.92 - $2,374.17 = $1,113.75.
- Multiply the service portion by the DWC payment adjustment of 235% =

$1,113.75 x 235% = $2,617.31.

- Step 3 calculating the MAR:
- The MAR is determined by adding the sum of the reimbursement for the device portion and the service portion = $2,374.17 + $2,617.31 = $4,991.48 this amount is reduced by 50% or $2,495.74.

3. The DWC finds the MAR for CPT code 62362 is $15,816.51. The respondent paid $14,981.88. The remaining balance of $834.63 is due.

   Procedure code 62350 has a MAR of $2,495.74. The respondent paid $2,329.15. The remaining balance of $166.59 is due.

   The total amount due to the requestor is $834.63 + $166.59 = $1,001.22. 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 respondent must remit to requestor $1,001,.22 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		June 17, 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 electronico CompConnection@tdi.texas.gov.