



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgicare at Plano Park

Respondent Name

XL Specialty Insurance Co.

MFDR Tracking Number

M4-22-2208-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 9, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 19, 2021	CPT 62323	\$530.71	\$530.71

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: \$530.71

Respondent's Position

The carrier has reprocessed the provider's bill. The carrier is in agreement with the provider that it is entitled to additional reimbursement of \$530.71. The carrier has processed the bill for that additional payment plus interest.

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 Texas Administrative Code §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 the payment for the disputed services with the following claim adjustment codes:

- 4063 – Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting.
- 4480 – Recommended allowance has been authorized by the payor.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is Baylor Surgicare at Plano Park entitled to additional reimbursement?

Findings

1. Baylor Surgicare at Plano Park is seeking additional reimbursement in the amount of \$530.71 for ASC services rendered on July 19, 2021.

Flahive, Ogden & Latson, on behalf of XL Specialty Insurance Co., did not maintain its denial of payment for the service in question, stating, "it is entitled to additional reimbursement of \$530.71." No evidence was provided to support that payment was processed.

Per Addendum AA, CPT code 62323 is a non-device intensive procedure.

28 TAC §134.402(f)(1)(A) 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: (1) Reimbursement for non-device intensive procedures shall be: A) 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 62323 CY 2021 is \$320.67.

The Medicare ASC reimbursement is divided by 2 = \$160.34.

This number multiplied by the City Wage Index for Plano, Texas of 0.9744 = \$156.24.

Add these two together = \$316.58.

To determine the MAR, multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235% = \$743.96.

The DWC finds the MAR for CPT code 62323 is \$743.96. The insurance carrier paid \$213.23. No evidence was provided that any additional payment was made. The requestor is seeking \$530.71. 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 of \$530.71 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 XL Specialty Insurance Co. must remit to Baylor Surgicare at Plano Park \$530.71 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	October 26, 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.