

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Physicians Surgical Center

**Respondent Name**

New Hampshire Insurance Co.

**MFDR Tracking Number**

M4-22-2323-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

June 27, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 22, 2021	Ambulatory Surgical Services (ASC)	\$6,154.92	\$0.00

### 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.

**Amount in Dispute:** \$6,154.92

### Respondent's Position

**Initial Statement dated July 18, 2022:** The provider claims to have billed \$32,515 and that the carrier reimbursed it \$8,828.50 and that the provider is seeking an additional reimbursement of \$6,154.92.

However, the provider's CMS-1500 which is two page in length, billed a total of \$41,261.

The carrier's first EOR recommended reimbursement of \$8,828.50. That is the amount reflected on the provider's DWC-60 form. However, the provider submitted additional billing to the carrier which prompted EORs dated June 13, 2022, and June 24, 2022.

After the carrier paid \$8,828.50, it paid an additional amount of \$8,040 to cover the implants. The

provider has been paid a total of \$16,868.50 which is more than what the provider is claiming entitlement to on its DWC-60.

**Supplemental Statement dated August 1, 2022:** Carrier has previously responded to this dispute on 07/20/2022. As indicated in the carrier's initial response, the carrier has already paid the provider the amounts of \$8,828.50 based upon a check dated August 20, 2021 and \$8,040 based upon a check dated June 27, 2022.

**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.

### Denial Reasons

The insurance carrier reduced 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.
- 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.
- 5191 – This amount has been determined to have been paid in excess of the correct allowance; therefore, an overpayment request is being issued.
- 8999 – PPO reduction: PPO reduction is in accordance with the Sedgwick Preferred Network contract
- 193 – Original payment decision is being maintained. Upon, review, it was determined that this claim was processed properly.
- 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.
- P13 – Payment reduced or denied based on Workers' Compensation jurisdictional

regulations or payment policies.

- 2008 – Additional payment made on appeal/reconsideration.
- 6981 – Charges for surgical implants are reviewed separately by ForeSight Medical.

### Issues

1. Did Physicians Surgical Center forfeit the right to medical fee dispute resolution for the date of service in question?

### Findings

1. Physicians Surgical Center is seeking additional reimbursement for ASC services performed on June 22, 2021.

Per 28 TAC §133.307 (c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days after the date the requestor receives the final decision.

DWC received the medical fee dispute resolution request on June 27, 2022. This is more than one year after date of service June 22, 2022. DWC found no evidence to support that final adjudication of an exception applied to this date of service.

DWC finds that Physicians Surgical Center has waived the right to medical fee dispute resolution for this date of service.

### 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 a right to medical fee dispute resolution for the date of service in question.

## **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

November 4, 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](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).