

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for ambulatory surgical center.
- b. The request was received on June 21, 2002.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. UB-92's
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60 and/or Response to a Request for Dispute Resolution
  - b. UB-92's
  - c. Audit summaries/EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on December 30, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on January 6, 2003. The response from the insurance carrier was received in the Division on January 14, 2003. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence undated that... "...RGOI's methodology for determining fair and reasonable charges is based on the market experience compiled in its own database over the last four years, and by applying the statutory language relevant to determining fair and reasonable... In addition to the statistical analysis, RGOI has also provided the standard evidence that the MDR itself has deemed to be the best proof of fair and reasonable: recent copies of EOB's of other carriers... Statistical analysis and EOB review is only a portion of RGOI's methodology. While the market has determined what is fair and reasonable, RGOI then integrates its analysis into the statutory mandates of the Texas legislature..."
2. Respondent: Position statement not included in response.

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is June 22, 2001.
2. The EOB submitted to the requestor shows an explanation code of "T – THIS SERVICE/SUPPLY IS INCIDENTAL TO A PROCEDURE PERFORMED ON THE SAME DATE OF SERVICE. \$0.00"; "M – NO MAR"; and "F – FEE GUIDELINE MAR REDUCTION."
3. Revenue code 278, which was denied as "F", is not one of the codes listed in the *Medical Fee Guideline* that has a maximum allowable reimbursement.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
06/22/01	23430 23455 29826 29823 250 278	\$7,200.00 \$6,200.00 \$5,600.00 \$5,400.00 \$1,495.00 \$330.00	\$6,120.00 \$0.00 \$4,760.00 \$0.00 \$1,270.75 \$165.00	M* T* M* T* M* F*  * See #2 above.	ASC is not covered by the MFG and shall be reimbursed at a fair and reasonable rate.  Requestor has as noted \$13,909.25 as amount in dispute	Rule 134.401  Rule 413.011(b)	Requestor has submitted operative report showing services were rendered. Requestor has also submitted EOBs showing reimbursement for same or similar services. Therefore, reimbursement in the amount of \$13,909.25 is recommended.
<b>Totals</b>		\$26,255.00	\$12,315.75				The Requestor is entitled to reimbursement in the amount of <b>\$13,909.25.</b>

The above Findings and Decision are hereby issued this 11th day of August 2003.

Marguerite Foster  
 Medical Dispute Resolution Officer  
 Medical Review Division

**VI. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$13,909.25 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 11th day of August 2003.

David R. Martinez, Manager  
 Medical Dispute Resolution  
 Medical Review Division

DRM/mf