



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Functional Recovery Assoc

Respondent Name

LM Insurance

MFDR Tracking Number

M4-24-1658-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

April 2, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 24, 2023	63650-51-50	5546	\$0.00
April 24, 2023	63685-51-50	1338	\$0.00
April 24, 2023	95972-59	106	\$0.00
Total		\$6990.00	\$0.00

Requestor's Position

"It is our position that the charges are reasonable and well within the usual and customary charge for this type of procedure. Therefore, we request immediate reconsideration of the charges."

Amount in Dispute: \$6990.00

Respondent's Position

"During this Medical Fee Dispute Resolution Request the carrier has now corrected the bill to reflect the current chares by the provider. ...The Carrier will allow 63650-50 at \$1,448.15 (POS 24 \$965.43 x 150% = \$1,448.15). The Carrier will allow 63685 at \$420.96, (POS 24 \$841.42 x 50% = \$420.71). The Carrier questions if 95972 was performed. The Carrier questions the provider's billing of POS (place of service) code of 99 when the service was performed at Ambulatory Surgery Center as supported with bill image usage of NPI 1649793613, for Baylor Surgicare at

Blue Starr. The operative report supports that surgery was at Baylor Surgicare at the Star. The Carrier believes the provider should have billed POS of 24 not 99.”

Response submitted by: Liberty Mutual

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.10](#) details the requirements of ambulatory surgical centers billing.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 877 – Reimbursement is based on the contracted amount.
- Z547 – Any reduction is in accordance with a Coventry owned contract.
- 243 The charge for this procedure was not paid since the value of this procedure is included within the value of another procedure performed.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Did the respondent support contract reduction?
2. Is the respondent’s position supported?

Findings

1. The requestor is payment of services rendered in an ambulatory surgical center in April 2023. The payment issued by the insurance carrier in response to this request for MFDR was \$1495.29 on April 17, 2024 had reductions based on contracted amount. Review of the submitted documentation and information known to the division found insufficient evidence to support the injured worker is enrolled in a certified network or a contract exists between the two parties. This reduction based on contracted amount is not supported.

2. The respondent states in their position statement, "The Carrier questions the provider's billing of POS (place of service) code of 99 when the service was performed at Ambulatory Surgery Center."

DWC Rule 28 TAC 133.10 (f)(1)(P) states in pertinent parts, "All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form.

- (1) The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers' compensation health care: (P) place of service code(s) (CMS-1500, field 24B) is required.

Review of the submitted medical bill in box 24B found "99." Review of the CMS place of service code set at www.cms.gov found 99 defined as – "Other place of service."

The submitted medical bill indicates the service location as Baylor S&W Sports Surgery Center at the Star. Review of the Texas ASC License listing found license number 130387 for Baylor Scott & White Sports Surgery Center at the Star.

The insurance carrier's position is supported. The correct place of service for the disputed services is 24. No additional payment is recommended.

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 requestor has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 28, 2024
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.