

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: () Health Care Provider () Injured Employee () Insurance Carrier

Requestors Name and Address
Park Central Surgical Center
12200 Park Central Drive, Suite 300
Dallas, Texas 75251

MDR Tracking No.: M4-05-5485-01

TWCC No.:

Injured Employee's Name:

Respondent's Name and Address
TML Intergovernmental Risk Pool

Representative Box # 19

Date of Injury:

Employer's Name: City of Clarksville

Insurance Carrier's No.: T150300090318

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
04/13/04	04/13/04	29882-LT 29877 LT-59 29999 LT-59 29876 LT-59 99070	\$3,158.22	\$00.00
Total Due				\$00.00

PART III: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Requestor's Position Summary submitted by Thomas L. Freytag, Attorney at Law, dated 03/15/05 states in part, "...Requesting Party believes that the appropriate 'fair and reasonable' reimbursement rate that Carrier should pay to Requesting Party for its services to Claimant in this matter is the negotiated rate under the Contract or 57% (minus, of course, the prior payments by Carrier in this matter)."

Principle Documentation:

1. DWC-60 and Position Summary
2. EOB's
3. UB-92
4. Medical Reports

PART IV: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondent's Position Summary submitted by Steven M. Tipton, Law Office of Flahive, Ogden & Latson dated 04/06/05, states in part, "...Because Requestor has failed to prove that the reimbursement received is not fair and reasonable, Requestor is not entitled to further reimbursement..."

Principle Documentation:

1. DWC-60 and Position Summary

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to services provided in an Ambulatory Surgical Center that are not covered under a fee guideline for this date of service. Accordingly, the reimbursement determined through this dispute resolution process must reflect a fair and reasonable rate as directed by Division Rule 134.1. This case involves a factual dispute about what is a fair and reasonable reimbursement for the services provided.

After reviewing the documentation provided by both parties, it appears that neither the requestor nor the respondent provided convincing documentation that sufficiently discusses, demonstrates, and justifies that their purported amount is a fair and reasonable reimbursement (Rule 133.307). The failure to provide persuasive information that supports their proposed amounts makes rendering a decision difficult. After reviewing the services, the charges, and both parties' positions, it is determined that no other payment is due.

During the rule development process for facility guidelines, the Division had contracted with Ingenix, a professional firm specializing in actuarial and health care information services, in order to secure data and information on reimbursement ranges for these types of services. The results of this analysis resulted in a recommended range for reimbursement for workers' compensation services provided in these facilities. In addition, we received information from both ASCs and insurance carriers in the recent rule revision process. While not controlling, we considered this information in order to find data related to commercial market payments for these services. This information provides a very good benchmark for determining the "fair and reasonable" reimbursement amount for the services in dispute.

To determine the amount due for this particular dispute, staff compared the procedures in this case to the amounts that would be within the reimbursement range recommended by the Ingenix study (from 213.3% to 290% of Medicare for this particular year). Staff considered the other information submitted by the parties and the issues related to the specific procedures performed in this dispute. Based on this review, the original reimbursement on these services is within the low to medium end of the Ingenix range. The decision for no additional reimbursement was then presented to a staff team with health care provider billing and insurance adjusting experience. This team considered the decision and discussed the facts of the individual case.

The Requestor billed code 99070 for implantables used during these procedures. Cost invoices to support additional reimbursement were submitted by the Requestor. The Requestor is entitled to additional reimbursement for implantables with a calculation of cost (invoice) plus 10%. Therefore, additional reimbursement in the amount of \$312.42.

- **Oratec Probe, TAC-S**, \$312.42 (\$284.02 invoice amount) X 10% = \$312.42, is recommended for the implantables used during this surgical procedure.

Based on the facts of this situation, the parties' positions, the Ingenix range for applicable procedures, and the consensus of other experienced staff members in Medical Dispute Resolution, we find that additional reimbursement in the amount of \$312.42 is due for these services.

PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Division has determined that the requestor is entitled to additional reimbursement in the amount of **\$312.42** plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Authorized Signature

Typed Name

12/01/06

Date of Decision

PART VII: YOUR RIGHT TO REQUEST A HEARING

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.