

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

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

Requestor's Name and Address  Surgical & Diagnostic Center, LP 729 Bedford Euleess Road West Suite 100 Hurst, TX 76053	MDR Tracking No.: M4-05-9742-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Liberty Insurance Corp. Representative Box #28	Date of Injury:
	Employer's Name: United Parcel Service Inc.
	Insurance Carrier's No.: 949792557

## PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
07/22/04	07/22/04	81.47	\$3713.09	\$00.00
07/22/04	07/22/04	36415	\$10.00	\$00.00
<b>Total Due</b>				<b>\$00.00</b>

## PART III: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Position Summary: "...Carrier did not pay at fair and reasonable according to the ACT and TWCC guidelines..."

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

Position Summary: "...This bill was paid per Texas F/S and Fair and Reasonable per LM ASC protocol, as described in multiple prior disputes..."

Principle Documentation:

1. DWC-60 and Position Summary
2. EOB's

## 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% to 290.3% 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 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.

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 no additional reimbursement 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 **not** entitled to additional reimbursement.

Findings and Decision by:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

07/27/2007

\_\_\_\_\_  
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.**