



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

CORPUS CHRISTI OUTPATIENT SURGERY

Respondent Name

TX PUBLIC SCHOOL WC PROJECT

MFDR Tracking Number

M4-20-0013-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

SEPTEMBER 4, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Total implant cost for procedure code C1713 is \$2,861.90 (235% service portion + implant cost + 10%)."

Amount in Dispute: \$1,861.89

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CRF contends the Center did not include CPT code C1713 in its preauthorization request. With that exclusion, CRF reimbursed Center for services rendered on December 12, 2018 consistent with the Medical Guidelines. Based on the methodology outlined in Rule 134.402(f), Center is not entitled to any additional reimbursement."

Response Submitted By: Creative Risk Funding

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: December 12, 2018, Ambulatory Surgical Care Services (ASC) HCPCS Code C1713, \$1,861.89, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

- 1. 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §134.402, effective August 31, 2008, sets out the reimbursement guidelines for ambulatory surgical care services.
3. 28 Texas Administrative Code §133.10, sets out the required health care provider billing procedures.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 97-The benefit for this service is included in the payment allowance for another service/procedure that has already been adjudicated.
  - 284-Precertification/authorization/notification/pre-treatment number may be valid but does not apply to the billed service.
  - W3-Reconsideration/appeal
  - 193-Original payment decision is being maintained. Upon review, it was determined that his claim was processed properly.

### Issues

Is the requestor due reimbursement for HCPCS code C1713?

### Findings

1. On the disputed date of service the requestor billed \$23,811.72 for CPT codes 25609-LT, 25290-LT, 64415-59-LT and C1713. The respondent paid \$6,738.95 for codes 25609-LT and 25290-LT. Per the Table of Disputed Services, the requestor is only seeking medical fee dispute resolution for code C1713 in the amount of \$1,861.89.
2. The respondent denied reimbursement for code C1713 based upon a lack of preauthorization. The respondent submitted a copy of the preauthorization report that lists codes 25290, 25609 and E0676 were preauthorized. The report does not list code C1713.
3. The respondent also denied reimbursement for HCPCS code C1713 based upon reason, “97-The benefit for this service is included in the payment allowance for another service/procedure that has already been adjudicated.” The respondent contends that reimbursement was issued based upon “the methodology outlined in Rule 134.402(f).”
4. The fee guideline for ASC services is found in 28 TAC §134.402.
5. To determine if the denial of payment for HCPCS code C1713 is supported the DWC refers to the following statutes:
  - 28 TAC §134.402(b) (6) states, “Definitions for words and terms, when used in this section, shall have the following meanings, unless clearly indicated otherwise. ‘Medicare payment policy’ means reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”
  - 28 TAC §134.402(d) states “For coding, billing, and reporting, of facility services covered in this rule, Texas workers' compensation system participants shall apply the Medicare payment policies in effect on the date a service is provided with any additions or exceptions specified in this section, including the following paragraphs.”
  - 28 TAC §133.10(f)(1)(W) states, “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 non-institutional medical bill related to Texas workers' compensation health care: (W) supplemental information (shaded portion of CMS-1500/field 24d - 24h) is required when the provider is requesting separate reimbursement for surgically implanted devices or when additional information is necessary to adjudicate payment for the related service line.”
  - 28 TAC §134.402(g)(1)(B) states, “The facility or surgical implant provider requesting reimbursement for the implantable shall: (B) include with the billing a certification that the amount billed represents the

actual cost (net amount, exclusive of rebates and discounts) for the implantable. The certification shall include the following sentence: "I hereby certify under penalty of law that the following is the true and correct actual cost to the best of my knowledge," and shall be signed by an authorized representative of the facility or surgical implant provider who has personal knowledge of the cost of the implantable and any rebates or discounts to which the facility or surgical implant provider may be entitled."

6. HCPCS code C1713 is defined as "Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)."
7. Based upon the review of the submitted documentation and above referenced statute, the DWC finds:
  - The requestor did not indicate on the medical bill on fields 24d-24h a request for separate reimbursement for the implantables as required by 28 Texas Administrative Code §133.10(f)(1)(W).
  - A review of the submitted documentation finds the requestor did not submit a copy of the implant certification per 28 Texas Administrative Code §134.402(g)(1)(B).
  - The requestor is not due separate reimbursement for HCPCS code C1713 due to billing errors.

### **Conclusion**

For the reasons stated above, the DWC finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	10/10/2019
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

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