



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgicare at Plano Park

Respondent Name

Lewisville ISD

MFDR Tracking Number

M4-21-1877-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 21, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 5, 2021	Ambulatory Surgical Care Services, (ASC), CPT Code 29888	\$0.00	\$0.00
	ASC HCPCS Code C1762	\$2,851.48	\$0.00
	ASC HCPCS Code C1713	\$2,063.54	\$0.00
Total		\$4,850.60	\$0.00

Requestor's Position

"At this time we are requesting that this claim paid in accordance with the 2021 Texas Workers Compensation Fee Schedule and Guidelines for Ambulatory Surgical Centers."

Amount in Dispute: \$4,850.60

Respondent's Position

"The requestor has indicated separate reimbursement for the implants...To date, \$6,178.92 has been reimbursed; therefore, \$2,456.30 is still due. The check and explanation of review will come under separate cover from Edwards Risk Management."

Response Submitted by: ReviewMed

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 TAC §133.307, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.402, sets out the fee guidelines for ambulatory surgical care services.

Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 983-Charge for this procedure exceeds Medicare ASC schedule allowance.
- 4123-Allowance is based on Texas ASC device intensive procedure calculation and guidelines.
- 4915-The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment.
- W3-Reconsideration
- 5044-Additional payment made on appeal/reconsideration.
- 6000-Request for reconsideration.
- W3-In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Is Lewisville ISD's denial of payment or implantables based on unbundling supported?
2. Is Baylor Surgicare at Plano Park entitled to reimbursement?

Findings

1. The requestor is seeking dispute resolution in the amount of \$4,850.60 for the implantables HCPCS Code C1713 and C1762 rendered on March 5, 2021.

The respondent initially denied reimbursement for HCPCS codes C1713 and C1762 based upon reason codes "97," and "4915." Upon reconsideration the respondent paid \$10.72 for code C1762 and \$7.76 for C1713. The respondent wrote in response to this dispute, "To date, \$6,178.92 has been reimbursed; therefore, \$2,456.30 is still due. The check and explanation of review will come under separate cover from Edwards Risk Management." At the time of this review, the respondent has not provided supporting information that an additional payment of \$2,456.30 was made.

The DWC finds that based upon the initial denial and the subsequent payment of C1762 and C1713, the respondent did not maintain the denial based upon "97," and "4915."

2. 28 TAC §134.402(b)(5) states "Implantable" means an object or device that is surgically:
- (A) implanted,
 - (B) embedded,
 - (C) inserted,
 - (D) or otherwise applied, and
 - (E) related equipment necessary to operate, program, and recharge the implantable."

A review of the submitted documentation finds the requestor submitted invoices but did not submit a copy of the implant record to support which implants were billed with codes C1762 and C1713; therefore, additional reimbursement is not recommended.

Conclusion

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 requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

_____	_____	10/01/2021
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 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, **option 3 or email** CompConnection@tdi.texas.gov.