



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgicare at Plano Park

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-22-0362-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

October 22, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 5, 2021	Ambulatory Surgical Care Services, (ASC), CPT Code 29888	\$0.00	\$0.00
	ASC CPT Code 29882	\$0.00	\$0.00
	ASC HCPCS Code C1762	\$1,431.10	\$0.00
	ASC HCPCS Code C1713	\$4,032.56	\$0.00
Total		\$5,463.66	\$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: \$5,463.66

Respondent's Position

"Total C1762 implant recommended allowance with net invoice cost = \$1,301.00 + 10% (per State Regs) = 41,431.10. Provider was paid per Texas Statues of 'cost + 10%' and nothing further is due and owing for this line. HCPCS C1713...Provider did not supply any documentation in support of their cost for this charge line. The Operative Report is vague and states capsular based repair devices were used, no specifics provided. Based on the lack of any

supporting documentation of the provider's cost for this item, ForeSight is recommending...\$273.90."

Response Submitted by: ForeSight

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:

- 4915-The charge for the services represented by the revenue code are included/bundled into the total facility payment and do not warrant a separate payment or the payment status indicator determined the service is packaged or excluded from payment.
- 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 947-Upheld. No additional allowance has been recommended.
- 6981-Charges for surgical implants are reviewed separately by ForeSight Medical. Please expect a detailed explanation of review for surgical implant charges directly from ForeSight.
- P13-Payment reduced or denied based on Workers' Compensation jurisdictional regulations or payment policies.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3-Additional payment made on appeal/reconsideration.

Issues

1. Is Old Republic Insurance Company'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 \$5,463.66 for the implantables HCPCS Code C1713 and C1762 rendered on February 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 \$1,431.10 for code C1762 and \$273.90 for C1713.

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. The respondent wrote, "Provider did not supply any documentation in support of their cost for this charge line. The Operative Report is vague and states capsular based repair devices were used, no specifics provided. Based on the lack of any supporting documentation of the provider's cost for this item."

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 requestor 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

Signature

Medical Fee Dispute Resolution Officer

11/17/2021

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.