



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

North Garland Surgery Center

Respondent Name

TASB Risk Management Fund

MFDR Tracking Number

M4-22-0389-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 28, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 14, 2021	Ambulatory Surgical Care Services, (ASC), CPT Code 27385	\$0.00	\$0.00
	ASC HCPCS Code C1713	\$235.83	\$0.00
Total		\$235.83	\$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: \$235.83

Respondent's Position

"Invoice isn't presented for what was implanted."

Response Submitted by: TASB Risk Fund

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 denied the payment for the disputed services with the following claim adjustment codes:

- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 618-The value of this procedure is packaged into the payment of other services performed on the same date of service.
- 252-An attachment/other documentation is required to adjudicate this claim/service.
- 253-In order to review this charge please submit a copy of the invoice.
- 375-There is an invoice for DBL loaded 4.75 mm PEEK swvlk each \$395.00. However, per Operative Report the implantable is set two anchors, 2.6mm doubly laded anchors thus invoice isn't presented for what was implanted. There is certification yet the invoices are not matching the service billed.
- W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 350- Bill has been identified as a request for reconsideration or appeal.

Issues

1. Is TASB Risk Management Fund's denial of payment for implantables based on "An attachment/other documentation is required to adjudicate this claim/service" supported?

Findings

1. The requestor is seeking dispute resolution in the amount of \$235.83 for the implantables HCPCS Code C1713 rendered on April 14, 2021.

The respondent denied reimbursement for HCPCS codes C1713 based upon reason codes "252-An attachment/other documentation is required to adjudicate this claim/service," "253-In order to review this charge please submit a copy of the invoice," and "375-There is an invoice for DBL loaded 4.75 mm PEEK swvlk each \$395.00. However, per Operative Report the implantable is set two anchors, 2.6mm doubly laded anchors thus invoice isn't presented for what was implanted. There is certification yet the invoices are not matching the service billed."

The Operative Report lists the Implants [redacted].

A review of the submitted documentation finds the requestor submitted invoices but did not submit an invoice that corresponded to [redacted];" 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

		11/22/2021
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.