



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgicare of Plano

Respondent Name

Bitco National Insurance Co.

MFDR Tracking Number

M4-22-0606-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 29, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 1, 2021	CPT 24342	\$0.00	\$0.00
	CPT 17999	\$0.00	\$0.00
	HCPCS C1713	\$3,135.00	\$0.00
	HCPCS C1763	\$2,876.50	\$0.00
	Total	\$3,640.32	\$0.00

Requestor's Position

"The following is a breakdown of how the claim should have processed..."

CPT 24342 allows \$4424.27 (pays @ 100%) = \$4424.27

CPT C1713 allows \$5850.00 (cost) + \$585.00 (10% interest) = \$6435.00

CPT C1763 allows \$5200.00 (cost) + \$520.00 (10% interest) = \$5720.00

Claim Allowed Total = \$16579.27

Less Payment of \$12938.95

We are owed an additional payment of \$3640.32

Amount in Dispute: \$3,640.32

Respondent's Position

"The provider's DWC-60 packet includes EORs dated May 27, 2021 and October 11, 2021. Those EORs discuss the carrier's position with respect to the CPT codes in question. It is the carrier's position that the provider is not entitled to any additional reimbursement."

Response Submitted by: Flahive, Ogden & Latson

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 centers.

Denial Reasons

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

- 16 – Svc lacks info needed or has billing error(s)
- 252 – Attachment required to adjudicate claim/service
- W3 – Appeal/Reconsideration
- Notes: "PLEASE PROVIDE CLEAR & LEGIBLE COPY OF IMPLANT INVOICE"
- 02P – Allowance/Review determined by Professional Review
- 96 – Non-Covered Charges
- B13 – Payment for service may have been previously paid
- 18 – Duplicate Claim/Service
- R1 – Duplicate Billing

Issues

1. Is Baylor Surgicare of Plano entitled to additional reimbursement?

Findings

1. Baylor Surgicare of Plano is seeking medical fee dispute resolution in the amount of \$3,640.32 for ASC services rendered on May 1, 2021. Baylor Surgicare of Plano requested separate reimbursement for implantables.

Per explanation of benefits dated October 11, 2021, the insurance carrier's denial indicated that documentation did not support additional reimbursement and that it paid according to Texas fee guidelines.

The fee guidelines for disputed services are found in 28 TAC §134.402. Per Addendum AA, CPT codes 24342 is a device intensive procedure. The health care provider requested separate payment for the implantables using HCPCS codes C1713 and C1763.

Baylor Surgicare of Plano is seeking reimbursement only for the implantables billed for this service. These are the services reviewed in this dispute.

Per 28 TAC §134.402(f)(1)(B) the following formula was used to calculate the maximum allowable reimbursement (MAR) for the documented implantables in this case:

Implant No.	No. of Units	Invoice Amount	Cost + 10%	Insurance Carrier Paid	Amount Due
		\$595.00 x 3 =			
72205021	3	\$1785.00	\$1,963.50	\$1,963.50	\$0.00
4565	1	\$2,600.00	\$2,860.00	\$3,300.00	\$0.00
2504-1	1	\$400.00	\$440.00	\$440.00	\$0.00

The DWC finds that the MAR for the implantable services in this case is \$5,263.50. The insurance carrier paid \$5,263.50. No additional reimbursement is 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

Signature	Medical Fee Dispute Resolution Officer	January 18, 2022 Date
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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, opción 3 o correo electrónico CompConnection@tdi.texas.gov.