



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgicare at North
Dallas

Respondent Name

Dallas County

MFDR Tracking Number

M4-22-1346-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

March 3, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 8, 2021	64708	\$0.00	\$0.00
	64708	\$0.00	\$0.00
	C9353	\$2939.20	\$0.00
Total		\$1,962.05	\$0.00

Requestor's Position

"At this time we are requesting that this claim paid in accordance with the 2018 Texas Workers Compensation Fee Schedule and Guidelines for Ambulatory Surgical Centers."

Amount in Dispute: \$1,962.05

Respondent's Position

The Austin carrier representative for Dallas County is White Espey PLLC. The representative was notified of this medical fee dispute on March 8, 2022.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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, defines implantable.

Denial Reasons

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

- 1126 – This reconsideration reflects corrected charge amounts.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration
- 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 package or excluded from payment
- 193 -Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- P12 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. Does the submitted documentation support the definition of implant?

Findings

1. The requestor utilized the reconsideration process to seek reimbursement for implants for date of service September 8, 2021. The insurance carrier denied the claim line on the medical bill as being bundled.

Review of the submitted documentation found no implant log to support the separate request

for reimbursement. Review of the operative reports found under "Procedures Performed" the wording "and wrapped with nerve wrap" but under "Description in detail", "When this was completely decompressed up the forearm, a nerve tube was taken at 3.5mm x 40 mm wrap around the superficial branch of the radial nerve."

DWC Rule 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.

Based on this review the Division finds the description in detail does not support an implant was inserted or otherwise applied as required by rule. Insufficient evidence was found to support the services in dispute is separately payable as submitted on the medical bill.

No additional payment 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

August 5, 2022

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.