



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

North Garland Surgery Center

Respondent Name

Travelers Property Casualty Company of America

MFDR Tracking Number

M4-22-1836-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

April 26, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 28, 2022	27829	\$0.00	\$0.00
	27695	\$0.00	\$0.00
	76000	\$0.00	\$0.00
	C1713	\$11,458.00	\$3,861.00
		\$10,224.83	\$3,861.00

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: \$10,224.83

Respondent's Position

"The Carrier has reviewed the documentation and determined the Provider is entitled to supplemental reimbursement for the dispute services, however, not in the amount asserted by the Provider in the Table of Disputed Services. The billed amounts on the HCFA-1500 and in the Table of Dispute Services reflect the use of surgical kits which include both implantable devices and accessories such as tools, drill bits, and other equipment which is not implanted in

the Claimant. Review of the operative report reflects identifiable implants of one Arthrex plate, one Fibertak Suture System, and 3 Arthrex anchors. Based on pricing for these implanted items, Carrier is issuing supplemental reimbursement of \$2,530.00. Supplemental reimbursement for these services is being issues in accordance with the Texas Workers' Compensation Act and adopted Rules of the Division of Workers' Compensation."

Response Submitted By: Travelers

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 ASC services.

Denial Reasons

The insurance carrier reduced or denied] 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

Findings

1. The requestor is seeking medical fee dispute resolution for implant reimbursement provided as part of a surgery that took place in ambulatory surgical center in January 2022.

DWC Rule 28 TAC §134.402 (f)(1)(B) and (f)(2)(B), "if an ASC facility or surgical implant provider requests separate reimbursement for an implantable, reimbursement for the non-device intensive procedure shall be the sum of:

- (i) the lesser of the manufacturer's invoice amount or the net amount (exclusive of rebates and discounts) plus 10 percent or \$1,000 per billed item add-on, whichever is less, but not to exceed \$2,000 in add-on's per admission."

Per the Implant Record the following implants were used in the procedure:

Implant Name	Reference	No of Units	Cost	10%	MAR

Tightrope	AR-8925SS	2	\$1495.00	\$299.00	\$3,289.00
Two Hole Plate	AR-8958-01S	1	\$850.00	\$85.00	\$935.00
Suture Anchors Knotless	AR-8991	3	\$595.00	\$178.50	\$1,963.50
Suture Anchor Corkscrew	AR-1915FT	1	\$285.00	\$18.50	\$203.50

The operative report indicates, "we started by stabilizing the diastasis with two syndesmotic anchors... a small Arthrex plate was applied with two anchors, added a FiberTak suture system over the top, inserted an Arthrex anchor into the fibula, we put K-wires within the path."

The requestor also listed "InternaBrace Implant System" as a provided implant. DWC Rule §134.402 (b)(5) indicates an implantable is an object or device that is surgically implanted, embedded, inserted, or otherwise applied. Review of the product description indicates this product is used in surgical repair not as an implanted item. Separate reimbursement for this product is not recommended as the definition of implantable is not met.

The DWC finds the MAR for the implants provided as part of the ASC services rendered on January 28, 2022, is \$6,391.00. The respondent paid \$2,530.00. The DWC finds the requestor is due additional reimbursement of \$3,861.00.

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 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. It is ordered that Travelers Property Casualty Company must remit to North Garland Surgery Center \$3,861.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 7, 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.