TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Baylor Surgicare of Plano

Respondent Name
Zurich American Insurance Co.

MFDR Tracking Number
M4-22-2045-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
May 17, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 20, 2021	29827	$0.00	$0.00
December 20, 2021	29822	$0.00	$0.00
December 20, 2021	29826	$0.00	$0.00
December 20, 2021	17999	$0.00	$0.00
December 20, 2021	C1763	$2970.00	$0.00
December 20, 2021	C1713	$4290.00	$0.00
	Total	$4351.21	$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: $4,351.21

Respondent's Position

"The provider has been reimbursed in accordance with the Medical Fee Guidelines. 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 care services.

Denial Reasons

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

- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 18 – Exact duplicate claim/service.

Issues

1. Is Baylor Surgicare at Plano Park entitled to reimbursement?

Findings

1. The requestor is seeking reimbursement of implants rendered as part of a surgery done on December 20, 201 in an ambulatory surgical center.

   Review of the submitted medical bill found the requestor billed code C1713 – Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) and C1763 – Connective tissue, nonhuman (includes synthetic).

   However, the medical bill did not include a statement requesting separate payment for implants and the requestor submitted invoices but did not submit a copy of the implant record to support which implants were billed with codes C1763 and C1713.

   Additional reimbursement cannot be 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

		June 14, 2022
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.