

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgical Hospital at
Trophy C,lub

Respondent Name

General Motors LLC

MFDR Tracking Number

M4-22-2069-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

May 18, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 30, 2021	C1713	\$2,466.41	\$0.00
November 30, 2021	C1781	\$1,794.11	\$0.00
Total		\$4,260.52	\$0.00

Requestor's Position

"The requestor did not submit a position statement but did submit a copy of their reconsideration that states, "According to TX workers compensation fee schedule the expected reimbursement for DOS 11/30/2021 is \$14,948.34. Please note that separate reimbursement was requested in Box 80 of UB-04 for implants which should be reimbursed at manual cost plus 10%."

Amount in Dispute: \$4,260.52

Respondent's Position

"ForeSight Medical, LLC (ForeSight) reviewed Revenue Code 0278, Service Code C1713 & C1781 on the claim for injured employee (redacted), date of service 11/30/2021, on behalf of Sedgwick. ForSight's review of the implant lines is in accordance with 28 TAC §134.402."

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 §134.403 sets out the bill requirements for outpatient hospital services..

Denial Reasons

Neither party submitted explanation of benefits applicable to the disputed services.

Issues

1. Did the requestor submit required information to support separate reimbursement of the implants?

Findings

1. The respondent is seeking additional reimbursement for implants provided as a surgical procedure rendered in an outpatient hospital on November 30, 2021.

DWC Rule 28 TAC §134.403 (g) states in pertinent implantables when billed separately shall be reimbursed at the lesser of the manufacturer's invoice amount or the net amount plus 10 percent.

Review of the submitted documentation found insufficient evidence (no invoices) to support the amount requested by the health care provider. No additional payment can 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

Signature

Medical Fee Dispute Resolution Officer

June 20, 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, opción 3 o correo electrónico CompConnection@tdi.texas.gov.