

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Metdalspl LLC

Respondent Name

Sagamore Insurance Co

MFDR Tracking Number

M4-22-2138-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

May 31, 2022

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|--------------------|-------------------|-------------------|------------|
| September 20, 2021 | C1713 | \$267.30 | \$0.00 |
| | Total | \$267.30 | \$0.00 |

Requestor's Position

The requestor did not submit a position statement but did submit a copy of the reconsideration that states, "According to TX workers compensation fee schedule the expected reimbursement for DOS 9/20/2021 is \$12,479.38. Previous payment received totaled \$12,212.08 leaving a balance of \$267.30."

Amount in Dispute: \$267.30

Respondent's Position

"Although the requestor failed to include a certification with its implant invoices. CorVel maintains implantable (HCPCS Code C1713) was reimbursed correctly in the amount of \$3,001.90 based on requestor's substantiated documentation. Per the purchase order number AR-2600SBS-8 SPEEDBRM IMP SYS W/BIO-COMP SWLVK & NDL the unit price for (1) bone anchor system is \$2,729.00. Reimbursement based on division rules reference above at the lesser of the manufacturer's invoice amount plus 10% = \$3001.90."

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 fee guidelines for outpatient hospital services.

Denial Reasons

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

- P12 – Workers' Compensation State Fee Schedule Adj

Issues

1. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking addition reimbursement of the implants provided as part of an outpatient hospital surgery rendered in September 2021.

DWC Rule 28 TAC §134.403 (g) (1) states in pertinent part, a facility or surgical implant provider billing separately for an implantable shall include with the billing a certification that the amount billed represents the actual cost (net amount, exclusive of rebates and discounts) for the implantable. The certification shall include the following sentence: "I hereby certify under penalty of law that the following is the true and correct actual cost to the best of my knowledge."

Review of the submitted documentation found the requestor did not include the certification required by rule. 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.

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 30, 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.