

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Orthopedic & Spine Hospital

Respondent Name

Great American Alliance Insurance Co

MFDR Tracking Number

M4-22-2367-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 6, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 17, 2021	C1713	\$649.89	\$0.00
	Total	\$649.89	\$0.00

Requestor's Position

The requestor did not submit a position statement but did submit a copy of their reconsideration that states, "Please note that provider seeking separate reimbursement for implants, and implant invoices are enclosed for review. Previous payment received totaled \$5,277.64 leaving a balance of \$649.89."

Amount in Dispute: \$649.89

Respondent's Position

"It is the Carrier's position that the Provider has been reimbursed all that it is entitled to. The Provider is not entitled to any additional reimbursement pursuant to Medical Fee Guidelines."

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 §134.403 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:

- 131 – Claim specific negotiated discount
- 353 – This charge was reviewed per the attached invoice
- 370 – The hospital outpatient allowance was calculated according to the APC rate plus a markup
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payment and contractual).
- 616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service
- 97 – 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
- PHO – Surgical implant charges reviewed separately by ForeSight Medical

Issues

1. Did the requestor meet DWC required documentation when requesting separate reimbursement of implants?

Findings

1. The requestor is seeking additional reimbursement of implants provided as part of an outpatient surgical procedure in August 2021. The insurance carrier made a payment of \$1,748.24. The requestor is seeking an additional payment of \$649.89.

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 included with the request for MFDR did not include the required cost certification.

The DWC060 submitted to MFDR only contained the code related to implants. No other charges on the medical bill will be considered in this review. No additional payment can be recommended as the DWC rule requirements regarding cost certification was met.

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 2, 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.