

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Texas Orthopedic Surgery Center

**Respondent Name**

Tx Public School WC Project

**MFDR Tracking Number**

M4-23-0821-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

December 8, 2022

### Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due    |
|------------------|-------------------|-------------------|---------------|
| August 4, 2022   | 23550             | \$4,492.61        | \$0.00        |
| August 4, 2022   | 29822             | \$1,018.60        | \$0.00        |
| August 4, 2022   | C1713             | \$2,250.00        | \$0.00        |
| August 4, 2022   | C1762             | \$1,700.00        | \$0.00        |
| <b>Total</b>     |                   | <b>\$9,856.21</b> | <b>\$0.00</b> |

### Requestor's Position

"The first denial came in for no authorization for procedure codes done after surgery. Submitted a reconsideration and explanation of why the procedure code does not match the authorization. Reconsideration was denied. Sent in a second appeal. Second appeal was also denied. Manger with Creative Risk Funding advised me to reach out to Texas Department of Insurance"

**Amount in Dispute:** \$9,856.21

### Respondent's Position

"CRF contends that Requestor's billing does not match the preauthorized services identified on the notice from IMO dated July 8, 2022. Consequently, Requestor has not established entitlement to reimbursement for the services rendered in this claim."

## **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 §134.600 sets out the requirements of prior authorization.

### Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 284 – Precertification/authorization/notification/pre-treatment number may be valid but does not apply to the billed services

### Issues

1. Is the insurance carrier's denial supported?

### Findings

1. The requestor is seeking reimbursement of ambulatory surgical services rendered in August of 2022. The insurance carrier denied stating billed services do not match prior authorized services.

Review of the submitted medical bill found the following codes were submitted.

- 23550 - Open treatment of acromioclavicular dislocation, acute or chronic;
- 29822 - Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body
- C1713 – Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
- C1762 – Connective tissue, human (includes fascia lata)

Review of the prior authorization indicates.

- 23552 – Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)

Based on this review the DWC found the insurance carrier’s denial is supported. 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.

**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**

|           |  |                  |
|-----------|--|------------------|
|           |  | January 17, 2023 |
| 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](http://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](mailto: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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).