

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgical Hospital

Respondent Name

Travelers Casualty & Surety Co

MFDR Tracking Number

M4-23-0856-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

December 12, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 24, 2022	C1713	\$776.30	\$0.00
March 24, 2022	C1781	\$250.00	\$0.00
March 24, 2022	97110	\$108.18	\$0.00
March 24, 2022	97116	\$54.09	\$0.00
March 24, 2022	97162	\$183.98	\$0.00
	Total	\$1,372.55	\$0.00

Requestor's Position

The requestor sent a copy of their reconsideration request, not a position statement.

Amount in Dispute: \$1,372.55

Respondent's Position

"Please note that the charge amounts listed for the disputed services in the Table of Disputed Services do not match the charges on the UB-04. Additionally, the UB-04 lists 5 units for anchors (C1713) however, only 3 anchors are documented in the operative report. The therapy services are integral to the surgical procedure and do not qualify for separate reimbursement. The Carrier has reviewed the Maximum Allowable Reimbursement Calculation for these procedures and contends

the reimbursement is correct as calculated.”

Response submitted by: Travelers

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 jurisdictional fee schedule adjustment
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement

Issues

1. Did the requestor support the cost of the implants?
2. What rule applies for determining reimbursement for the disputed services?

Findings

1. The requestor is seeking additional reimbursement for implants and physical therapy services rendered as part of an outpatient hospital service on March 25, 2022. DWC Rule 28 TAC §134.403 (g) Implantables, when billed separately by the facility or a surgical implant provider in accordance with subsection (f)(1)(B) of this section, shall be reimbursed at the lesser of the manufacturer's invoice amount or the net amount (exclusive of rebates and discounts) plus 10

percent or \$1,000 per billed item add-on, whichever is less, but not to exceed \$2,000 in add-on's per admission.

- (1) 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 insufficient evidence of the billing certification. No additional reimbursement is recommended for the implants. The applicable fee guideline related to the physical therapy services is discussed below.

2. DWC Rule 28 TAC §134.403 (d) requires Texas workers' compensation system participants when coding, billing, reporting and reimbursement to apply Medicare payment policies in effect on the date of service.

The Medicare payment policy applicable to the services in dispute is found at www.cms.gov, Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC).

- Per Medicare policy, procedure code 97110, billed March 25, 2022, has a status indicator of A and is not an exception to the Comprehensive Payment of code 23430 which has a J1 status indicator. Per Addenda D1 of the OPPS addenda at www.cms.gov, J1 is defined as, *Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS status indicator of "F", "G", "H", "L" and "U"*; No payment is recommended.
- Per Medicare policy, procedure code 97116, billed March 25, 2022, is bundled into comprehensive payment of code 23430. Separate payment is not recommended.
- Per Medicare policy, procedure code 97162, billed March 25, 2022, is bundled into comprehensive payment of code 23430. Separate payment is not 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

January 3, 2023

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 electronico CompConnection@tdi.texas.gov.