

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgical Hospital

Respondent Name

Texas Mutual

MFDR Tracking Number

M4-23-1017-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

January 4, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 7, 2021	C1713	\$827.88	\$0.00
July 7, 2021	C1781	\$2970.00	\$0.00
	Total	\$3794.48	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR but did submit a document titled "Reconsideration" addressed to the Texas Department of Insurance that states, "Please reconsider additional payment on the enclosed invoice for date of service 7/6/2022."

Amount in Dispute: \$3794.48

Respondent's Position

The Austin carrier representative for Texas Mutual is Texas Mutual. The representative was notified of this medical fee dispute on January 10, 2023.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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:

- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC-131 – Claim specific negotiated discount
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- CAC-219 – Based on Extent of Injury
- 356 – This hospital outpatient allowance was calculated according to the APC Rate, plus a markup
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service
- 768 – Reimbursed per O/P FG at 130%, separate reimbursement for implantable (including certification) was requested per Rule134.403(G)
- 8902 – Denied in accordance with DWC Rules and/or Medical Fee Guidelines including current CPT Code descriptions/instructions
- 897 – Separate reimbursement for implantables made in accordance with DWC Rule Chapter 134; Subchapter(E) Health facility fees

Issues

1. Does an extent of injury issue exist?
2. Did the requestor support the cost of implants per applicable rule?

Findings

1. Review of the submitted explanation of benefits indicates Code 29824 was denied by the insurance carrier based on extent of injury.

DWC Rule 28 TAC §133.305 (b) states that if a dispute regarding extent-of-injury exists for the same service for which there is a medical fee dispute, the dispute regarding extent-of-injury shall be resolved prior to the submission of a medical fee dispute.

Documentation provided by the parties indicates that the insurance carrier denied payment to the requestor due to an unresolved extent-of-injury issue for Code 29824. The carrier's explanation of benefits was timely presented to the requestor in the manner required by DWC Rule 28 TAC §133.240.

The service in dispute contains an unresolved extent-of-injury issue but is not listed on the submitted DWC060. This matter is not eligible for adjudication of a medical fee under DWC Rule 28 TAC §133.307.

DWC Rule 28 TAC §133.307(d)(2)(H) further requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

DWC Rule 28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

Review of the submitted information finds no copies, as required by DWC Rule TAC §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with DWC Rule TAC §124.2. The insurance carrier's denial reason is therefore not supported.

Furthermore, because the respondent failed to meet the requirements of DWC Rule 28 TAC §133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution.

Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. The requestor is seeking additional payment for implants rendered as part of an outpatient surgical procedure in July 2022. The insurance carrier denied based on packaging and fee guidelines. However, DWC Rule 28 TAC §134.403 (g) (1) requires a 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 no certification of cost that met the requirements shown above. 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

Signature

Medical Fee Dispute Resolution Officer

May 11, 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 electrónico CompConnection@tdi.texas.gov.