



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Spine and Joint Hospital

Respondent Name

Insurance Co of State of PA

MFDR Tracking Number

M4-23-1128-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 25, 2022	0278	\$11,837.00	\$0.00
May 25, 2022	0278	\$5,035.00	\$0.00
May 25, 2022	0278	\$2,163.00	\$0.00
Total		\$19,035.00	\$0.00

Requestor's Position

"...our position is the enclosed purchase order accurately reflects surgical implants which are applicable for reimbursement under the Texas Labor Code."

Amount in Dispute: \$19,035.00

Respondent's Position

ForeSight's review was in accordance with the Texas Statutes, the Operative Report, Implant Log and the Manufacturer Invoices provided... The items are disposable surgical instruments and do not meet the State's definition of an allowable implant. As such, all items were properly denied reimbursement as billed. Therefore, in conclusion, ForeSight is disagreeing with the provider that

an additional allowance is due.

Response submitted by: ForeSight

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 documentation requirements for implants rendered as part of outpatient surgery.

Denial Reasons

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

- 10 – Upon review of submitted request for reconsideration, ForeSight has determined that no additional allowance will be made
- 4 – This item was determined to be a supply/non-implantable item

Issues

1. Is the respondent's position statement supported?

Findings

1. The requestor is seeking reimbursement of implants rendered as part on an outpatient hospital surgery in May 2022. The insurance carrier denied as billed items were supplies or non-implanted items. The medical bill contained the following HCPCS and charges,

C1889 – Implantable/insertable device, not otherwise classified, Relevant
Radiofrequency Probe, \$11,837.00

C1889 - Implantable/insertable device, not otherwise classified, Relevant access
instrument 2 level, \$5035.00.

C1889 - Implantable/insertable device, not otherwise classified, Relevant Generator
Proc rent, \$2163.00.

DWC Rule 28 TAC §134.403 (b)(2) defines an implant as, "Implantable" means an object or device that is surgically:

- (A) implanted,
- (B) embedded,
- (C) inserted,
- (D) or otherwise applied, and
- (E) related equipment necessary to operate, program and recharge the implantable.

Review of the submitted documentation "Pain Management Procedure Report", found "Bipolar frequency probe was connected to the generator and then inserted into the traversing cannula. The wingnut was rotated clockwise to retract the peak sleeve to expose the proximal electrode on the radiofrequency plug. Then medica nerve was then abated at 85-degrees Celsius for 15-minutes. Ablation occurred at L3, L4 and L5, which denervates the L4-5 and L5-S1 facet joints bilaterally. Instruments were removed from the vertebral bodies."

Further review by the Division found the disputed services are part of the "Intracapt Procedure" by the manufacturer," Relievant. The description found at www.relievant.com indicates the procedure is implant free.

Based on this review, the DWC finds 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 requestor 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

March 7, 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.