



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgical Hospital

Respondent Name

City of Fort Worth

MFDR Tracking Number

M4-23-1300-01

Carrier's Austin Representative

Box Number 4

DWC Date Received

February 3, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 18, 2022	C1713	\$693.63	\$0.00
May 18, 2022	C1781	\$270.00	\$0.00
Total		\$963.63	\$0.00

Requestor's Position

The requestor did not submit a position statement but did submit a copy of a document titled "Reconsideration" dated February 3, 2023 that states, "According to TX workers compensation fee schedule the expected reimbursement for DOS 5/18/2022 is \$16,932.26. Previous payment received totaled \$15,968.63. Please note the implants should be reimbursed at manual cost plus 10%. Please reprocess and remit payment for remaining balance due."

Amount in Dispute: \$963.63

Respondent's Position

"Therefore, in conclusion, ForeSight is disagreeing with the provider that an additional allowance is due. Provider is misrepresenting the items used and billed as implants and is misapplying the Texas Statute. As such, ForeSight contends the provider was adequately compensated for the implants up to a total allowance of \$7,876.00."

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 reimbursement guidelines for implants.

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.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment polices.

Issues

1. Did the requestor support their request for additional reimbursement of implants?

Findings

1. The requestor is seeking reimbursement of implants in the amount of 963.83 rendered as part of an outpatient hospital surgery on May 18, 2022. The codes in dispute were submitted on the medical bill as,
 - C1713 – Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable).
 - C1781 – Mesh (implantable)

Review of the submitted itemized statement found the following descriptions of implants and billed amounts under Revenue Code 278.

- C1713 - Anchor Sut 4.75mm x 19.1, billed amount \$672.00 quantity one
- C1713 Implant bioabsorbable spe, billed amount \$2729.00 quantity one.
- C1713 Anchors Bone 3 w/arthro, billed amount \$650.00 quantity one.

- C1713 Staple Tendon Arthroscop, billed amount \$350.00 quantity one.
- C1713 Staple Tendon Arthroscop, billed amount \$350.00 quantity one.
- C1713 – Suture Anchor Swivelock, billed amount \$425.00 quantity one.
- C1713 - Lasso Sut Crescent Quic, billed amount \$160.00 quantity one.
- C1781 – Implant Mesh Bio inductive, billed amount \$2700.00 quantity one.

Review of the submitted implant log found the following entries.

1. Anchor Swivelock, Implant Bioabsorbable AR-2600-SBS-8, Arthrex, quantity one. Cost \$2,729.00.
2. Anchor Sut 4.75mm AR-2324BCCT, Arthrex., quantity one. Cost \$672.00
3. Suture DBL loaded, Arthrex, quantity one. No invoice submitted.
4. Implant Mesh, Tendon, Rotator Medical, Mfg item 4566 quantity one. Cost \$2700.00.
5. Staple Tendon, Rotator Medical, Mfg Item 2504-1 quantity one. Cost \$350.00
6. Implant Staple, Rotation Medical, Mfg Item 2504-1, quantity one. Cost \$350.00
7. Implant, Anchors Bone 3 w/ arthro, Smith & Nephew, Mfg Item 4403, quantity one. Cost \$650.00,
8. MBP-Stapler Head Fixed, Ethicon Inc., Mfg Item PXW46, quantity one. No invoice submitted.

Review of the operative report found the following.

“Implants”

1. Arthrex 4.75-mm SwiveLock anchors x6 with associated FiberTape.
2. Smith & Nephew Regeneten patch augmentation.

“I placed three medical row anchors and sequentially passed these sutures with the FiberTape. Through the rotator cuff tendon medially, anteriorly, as well as posteriorly. I then brought these down to three lateral row anchors...” “...Given the large nature of the rotator cuff tear, I did like to place a Regeneten patch augmentation over the top of the repair...”

Based on the operative report the supported implants are six of the SwiveLock anchors. However only one was submitted on the medical bill and was supported by a manufacturers invoice with a cost of \$650.00 and the Regeneten patch described as bioinductive implant with a cost of \$2729.00. Total cost of implants supported by operative report and invoices is \$3,379.00.

DWC Rule 134.403 (g) states 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.

The total cost of \$3,379.00 multiplied by 10% equals a maximum allowable reimbursement of \$3,716.90. The insurance carrier paid \$7,876.00. No additional reimbursement 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

March 15, 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.

