TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
North Central Baptist Medical

Respondent Name
Old Republic Insurance Co

MFDR Tracking Number
M4-23-2134-01

Carrier's Austin Representative
Box Number 44

DWC Date Received
May 1, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 17, 2022	C1776	$51,895.00	$0.00
	Total	$51,895.00	$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR but did submit a copy of their appeal that states, "After reviewing the payment, we realized that there is an underpayment on the claim. According to our workers' comp contract with Corvel, implants should be paid at lessor of 55% of cost or state rate which is cost + lesser of 10% or $1000 per item, not to exceed $2000 per admission. Using this calculation, the reimbursement for the implants (CPT codes C1713 and C1776) should have been $2,000."

Amount in Dispute: $51,895.00

Respondent's Position

"…please note that the Requestor failed to request separate reimbursement for implants as identified in the rule above. Doing so would reflect a lower payment for the surgical procedure

that was reimbursed at 200%. Outpatient Facility providers do not receive 200% plus implants at cost plus 10%. Submitting a copy of the manufacturer's invoice is not a clear indication that the facility provider is requesting separate reimbursement."

Response submitted by: Corvel

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 §133.210 sets out the required documentation for hospital services.

Denial Reasons

Neither party submitted a copy of the explanation of benefits that support adjudication of the disputed service.

Issues

1. Did the requestor support the cost of implants per applicable rule?

Findings

1. DWC Rule 28 TAC §134.210 (c)(4)(5) states, "Any supporting documentation for procedures which do not have an established Division maximum allowable reimbursement (MAR), to include an exact description of the health care provided; and for hospital services: an itemized statement of charges.

   Review of the submitted documentation found no itemized statement of charges to support the 5 units for C1713 with a billed amount of $6,014.80 and 4 units for C1776 with a billed amount of $108,265.60.

   The requestor did not support the billed amount for the implants. 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

		May 31, 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. 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.