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
Foundation Surgical Hospital

Respondent Name
New Hampshire Insurance Co

MFDR Tracking Number
M4-23-2612-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
June 12, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 5, 2023	63685	$0.00	$0.00
January 5, 2023	L8685	$18700.00	$0.00
January 5, 2023	L8680	$5720.00	$0.00
January 5, 2023	C1713	$165.00	$0.00
January 5, 2023	L8681	$110.00	$0.00
	Total	$6771.63	$0.00

Requestor's Position

"Please recalculate the fee schedule allowed amounts on all surgical procedures making sure to use the correct national rate and the wage index for the city where the facility is located. This clean claim was billed requesting the surgical procedure be paid at 130% of CMS with separate reimbursement for our implants. According to Texas Workers Compensation Rule 134.402, 'Implantable devices are reimbursed at the providers cost plus 10% up to $1,000.00 per item or $2,000.00 per case.'"

Supplemental response submitted August 8, 2023

"We did receive an additional payment 06/30/23. I still show the claim to be underpaid though."

Amount in Dispute: $6771.63

Respondent's Position

"We are attaching a copy of the provider's UB-04 and the carrier's EOBs. However, the carrier is reprocessing the provider's medical bill and will be submitting a supplemental response once received the additional payment information and EOB. However, until the payment information and an EOB are received, the carrier maintains the position set out in its EOBs that are submitted with this response."

Supplemental response submitted July 6, 2023.

"Carrier has previously responded to this dispute on July 5, 2023. As noted in the carrier's initial response, the carrier reprocessed the provider's medical bill. We are attaching a copy of two EOBs dated June 28, 2023 and July 3, 2023. The first EOB recommends additional payment of $4,502.90. The second EOB recommends payment of interest in the amount of $47.31."

Response submitted by: Flahive, Ogden & Latson

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:

- 4915 – The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly. Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- B13 – Previously paid. Payment for this claim/service may have bee provided in a previous payment.

- 876 – Fee schedule amount is equal to the charge.
- 904 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient code editor), component code of comprehensive radiology services procedure (70000-79999) has been disallowed.
- 259 – Repeat procedure performed by the same physician.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- 797 – Service not paid under Medicare OPPS.

Issues

1. Did the requestor support cost of implants?

Findings

1. The requestor is seeking additional payment of the following codes.
    - L8685 – Implantable neurostimulator
    - L8680 – Implantable neurostimulator electrode, each
    - C1713 – Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
    - L8681 – Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only

    DWC Rule TAC §134.403 (g) (1) states, "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 discount) 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 documentation submitted with this request for MFDR by the requestor did not find the required billing certification. No 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 entitled to $0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	September 8, 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.