



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgical Hospital

Respondent Name

City of Fort Worth

MFDR Tracking Number

M4-23-2625-01

Carrier's Austin Representative

Box Number 4

DWC Date Received

June 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 14, 2022	C1713	\$1,749.89	\$0.00
September 14, 2022	C1762	\$8,549.20	\$0.00
September 14, 2022	C1763	\$320.00	\$0.00
	Total	\$10,619.09	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a document titled "Reconsideration" addressed to the Texas Department of Insurance. Reconsiderations should be sent to the correct workers' compensation carrier not TDI.

This document states, "Please note that CPT code C1762 was disallowed payment, and implants should be reimbursed at manual cost plus 10%."

Amount in Dispute: \$10,619.09

Respondent's Position

"...ForeSight is disagreeing with the provider that an additional allowance is due for the implants. Provider is misapplying the Texas Statute and expects to be reimbursed more than what was charged/billed for the implants. ...Provider charged for a stem cell item which is deemed experimental by the FDA and did not obtain prior authorization for use of this item. As such, ForeSight contends the provider has been adequately compensated for the implants with a total allowance of \$20,700.00."

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 Texas Administrative Code \(TAC\) §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:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – Bill is a reconsideration or appeal.
- 10 – Upon review of submitted request for reconsideration, ForeSight has determined that no additional allowance will be made.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.
- 91 – The item billed has determined to be non-reimbursable. These items has been identified as investigational, contraindicated, and/or not required for this procedure.
- 8961-Charges for surgical implants are reviewed separately by ForeSight Medical. Please expect a detailed explanation of review for surgical implant charges directly from ForeSight Medical and direct all surgical implant injuries to ForeSight Medical.

Issues

1. Did the requestor’s medical bill indicate the correct code?
2. Did the requestor support the cost of the submitted implants?

Findings

1. The requestor is seeking reimbursement of code C1762 which is defined as, “Connective tissue, human ...intended to repair or support damage or inadequate soft tissue.”

DWC Rule 28 TAC §134.403 (d) requires Texas workers’ compensation system participants when coding, billing, reporting and reimbursement to apply Medicare payment policies in effect on the date of service.

Review of the submitted “Surgical Documentation” found the surgery rendered was related to lumbar surgery.

As the submitted code is descriptive of soft tissue repair, the DWC finds the submitted code is not supported and will not be considered in this review.

2. The requestor is seeking additional reimbursement of Code C1713 – Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) and Code C1763 – Connective tissue, nonhuman (includes synthetic).

Review of the submitted documentation found a one page “Itemized Bill” that did not detail the 22 units of Code C1713 or Item billed as C1763.

The missing itemized bill does not allow the DWC to determine if the number of units are supported by the accompanying invoices.

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 entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 31 , 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.