



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Heritage Park Surgical Hospital

Respondent Name

East Texas Educational Insurance Assoc

MFDR Tracking Number

M4-23-2795-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

July 5 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 16, 2022	C1713	\$2,657.61	\$0.00
November 16, 2022	C9356	\$1,373.64	\$0.00
	Total	\$4,031.25	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for medical fee dispute resolution (MFDR). They did submit a document titled 'Reconsideration.' Reconsideration requests must be sent to the appropriate workers' compensation insurance carrier not the Texas Department of Insurance (TDI). This document contained the statement, "According to TX Workers Compensation guidelines the expected reimbursement for DOS 11/16/2022 is \$13,409.68. Please note that per TX Rule 134.402, implants should be reimbursed at manual cost plus 10%."

Amount in Dispute: \$4,031.25

Respondent's Position

"It appears, based on this complaint, that the facility is disputing the fact separate implant

reimbursement was not paid at 100% of the implant fees. The invoice received from Arthrex only totaled \$1896.00, which even if paid at cost plus 10% would only pay \$2,085.60 and not the \$5,902.35 the provider is claiming is due.”

Response submitted by: Claims Administrative Services, Inc.

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:

- 350 – Bill has been identified as a request for reconsideration or appeal.
- 370 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup.
- 616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS.
- 618 – The value of this procedure is packaged into the payment of other services performed not the same date of service.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.

Issues

1. What rule is applicable for reimbursement?
2. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of implants rendered as part of an outpatient hospital surgery in November of 2022. The insurance carrier indicates on their explanation of benefits the disputed charges were paid per applicable fee guidelines.

DWC Rule 28 TAC §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..."

Review of the itemized bill under the revenue code 278.

Itemized Bill

- "Anchor Sut 3mm x 14mm Bi" quantity 2, charged amount \$3400.00.
- "Screw Fastthread 9 x 20c" quantity 1, charged amount \$295.00.
- "Graft Flexigraft Poster" quantity 1, charged amount \$1670.76.

Review of the submitted invoices did not find items as described above.

Review of the "Implant Record" indicates the following items.

- "AR1934BCFT-2 , quantity 2, Suture Anchor, Bio Composite Suture Tak with two #2TigerTa 3x14.5."
- "Posterior tibial tendon."
- "AR4020C-09 Biocomposite Interference Screw 9x20mm."

Review of the submitted invoices did not find the item codes supported by the implant log and operative report.

The submitted documentation does not support the cost of the implants as billed.

2. No additional payment can be made.

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 reimbursement for the disputed services.

Authorized Signature

_____	_____	July 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 electrónico CompConnection@tdi.texas.gov.