



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgical Hospital at Trophy Club

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-24-0623-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

November 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 7, 2023	C1713	\$5,365.51	\$0.00
June 7, 2023	27814	-\$4,506.00	\$0.00
	Total	\$859.51	\$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" dated October 27, 2023 that states, "Please note that separate reimbursement was requested in Box 80 of UB-04 form for implants, and per TX Rule 134.402, implants should be reimbursed at manual cost plus 10%. Also, surgical code should be reimbursed at 130% GARR."

Amount in Dispute: \$859.51

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for review audit and payment."

Supplemental response dated December 19, 2023

"An adjustment (DCN2023326DD001602) has been processed confirming the correct allowance for this bill. The correct allowance is \$12,854.60. On the original bill there was a processor error allowing \$6.89 for code C1713 (implant). ...This certification was not found from provider's billing, so implant is not separately payable."

Response submitted by Gallagher Bassett

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 the payment for the disputed services with the following claim adjustment codes:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for this service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 6283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract or (illegible)

Issues

1. Did the requestor comply with applicable rule pertaining to implant reimbursement?
2. What rule is applicable to reimbursement?
3. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking additional payment for implants rendered during an outpatient hospital surgical procedure in June 2023. The respondent states in their position statement, "This certification was not found from provider's billing, so implant is not separately payable."

DWC Rule 28 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 discounts) 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 submitted documentation presented at the time of MFDR found a document titled "Certification of Cost" that met the requirements of the rule shown above.

DWC Rule 28 TAC §134.403 (g) (2) states in pertinent part, A carrier may use the audit process under §133.230 of this title (relating to Insurance Carrier Audit of a Medical Bill) to seek verification that the amount certified under paragraph (1) of this subsection properly reflects the requirements of this subsection. **Such verification may also take place in the Medical Dispute Resolution process under §133.307 of this title (relating to MDR of Fee Dispute), if that process is properly requested, notwithstanding 133.307(d)(2)(B) of this title.**

Based on the above, the Division finds the requestor did meet the requirements of billing certification. The respondent's position is not supported.

2. The submitted DWC060 lists Procedure code Procedure code 27814 amount in dispute as (-4,506.00) or no amount in dispute. This code will not be reviewed.

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 or \$1,000 per billed item add-on, whichever is less, but not to exceed \$2,000 in add-on's per admission.

Review of the submitted itemized statement found the following items billed under revenue code 278.

- "Screw Bone 3.5mm x 36mm" as identified in the itemized statement. No invoice submitted to support cost of item. No payment recommended.
- "Plate 5 hole utility str" as identified in the itemized statement. No invoice submitted to support cost of item. No payment recommended.
- "Screw Non-locking 2.7 x" as identified in the itemized statement. No invoice submitted to support cost of item. No payment recommended.

- "Screw Locking 3.5 x 24m" as identified in the itemized statement. No invoice submitted to support cost of item. No payment recommended.
- "Screw Locking 3.5 x 14mm" as identified in the itemized statement. No invoice submitted to support cost of item. No payment recommended.
- "Screw 3.5 x 16 locking" as identified in the itemized statement. No invoice submitted to support cost of item. No payment recommended.
- "Screw 3.5 x 14 non locking" as identified in the itemized statement. No invoice submitted to support cost of item. No payment recommended.
- "Screw 3.5mm x 45mm Corti" as identified in the itemized statement. No invoice submitted to support cost of item. No payment recommended.
- "K-Wire 6in .062in" as identified in the itemized statement and labeled on the invoice as "KM172-26S K-WIRE .062 X 6" with a cost per unit of \$3.13 at 2 units, for a total cost of \$6.26; ;
- "Washer Sirg 3mm threaded" as identified in the itemized statement. No invoice submitted to support cost of item. No payment recommended.

The total net invoice amount, supported by an invoice, (exclusive of rebates and discounts) is \$6.26. The total add-on amount of 10% or \$1,000 per billed item add-on, whichever is less, but not to exceed \$2,000 in add-on's per admission is \$0.63. The total recommended reimbursement amount for the implantable items is \$6.89.

2. The total recommended reimbursement for the disputed services is \$8,362.38. The insurance carrier paid \$12661.49 on August 24, 2023 via check number 0191018125. Additional payment is not 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

January 2, 2024
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.