



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Baylor Orthopedic & Spine Hospital

**Respondent Name**

Travelers Casualty & Surety Co

**MFDR Tracking Number**

M4-24-1155-01

**Carrier's Austin Representative**

Box Number 5

**DWC Date Received**

January 24, 2024

### Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due    |
|------------------|-------------------|-------------------|---------------|
| July 25, 2023    | C1713             | \$3,348.87        | \$0.00        |
| July 25, 2023    | C1762             | \$1,320.00        | \$0.00        |
| July 25, 2023    | C1781             | \$275.00          | \$0.00        |
| <b>Total</b>     |                   | <b>\$4,943.87</b> | <b>\$0.00</b> |

### Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a document titled "Reconsideration" dated December 20, 2023 that states, "The charges were not paid correctly per TX work comp fee schedule. According to TX workers compensation fee schedule the expected reimbursement for DOS 7/25/2023 is \$18,926.91."

**Amount in Dispute:** \$4,943.87

## Respondent's Position

"...For CPT code 1713, the Provider actually billed \$5,644.48 for nine anchor screws, not \$6,208.87 as reflected in the Table of the Disputes Services. ...The operative report.... ...documents only 5 anchors were used. ...Based on the confusing and duplicative invoices submitted by the Provider, it appears the SwiveLock anchors are \$425 apiece[sic]. It does not seem that the Provider submitted an invoice for the FiberTak anchors. The Carrier contends the Provider has not shown entitlement to additional reimbursement for this CPT code. For CPT code C1762, no human connective tissue is documented as being utilized in the operative report. If the implant was not utilized, no reimbursement is due. For CPT code C1781, the Provider actually billed \$2,750.00, not \$3,025 as reflected in the Table of Disputed Services. The Carrier reimbursed this amount in full. No supplemental or corrected billing was submitted. The Carrier contends the Provider is not entitled to additional reimbursement."

**Response submitted by:** Travelers

## 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 disputed service(s) with the following claim adjustment codes.

- 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.
- 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.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- W3 – Bill is a reconsideration or appeal.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

- 16 – Claim/service lacks information which is needed for adjudication.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### Issues

1. What rule is applicable when billing for separate reimbursement of implants?
2. Is the requestor entitled to additional reimbursement?

### Findings

1. The requestor is seeking reimbursement of implants rendered during an outpatient surgery in July of 2023. The requestor billed 11 units of CPT code C1713. The insurance carrier denied some of the items billed under Code C1713 for lack of supporting invoice. Other items billed under Code C1713 were paid. Code C1762 was denied for lack of documentation and Code C1781 was paid per applicable fee schedule.

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 medical bill and itemized statement found the following items were billed under Revenue Code 278.

- "Suture Anchor Swivelock" as identified in the itemized statement and labeled on the invoice as DBL Loaded 4.75mm BC SWVLK with a cost per unit of \$425.00;
- "Suture Anchor Swivelock" as identified in the itemized statement and labeled on the invoice as DBL Loaded 4.75MM BC SWVLK with a cost per unit of \$425.00;
- "Anchors Bone 3 W Arthro" as identified in the itemized statement and labeled on the invoice as "Anchors Bone 3 W Arthro Del" with a cost per unit of \$850.00;
- "Staple Tendon Arthroscope" as identified in the itemized statement and labeled on the invoice as "Staple Tendon Arthroscopy" with a cost per unit of \$650.00;
- "Knotless Tensiontight " as identified in the itemized statement. Insufficient evidence was found to support the cost of the item as only a screenshot of the BOSHA Materials Storage screen was submitted. No payment is recommended.
- "Anchor Sut 19.5mm x 3.5m" as identified in the itemized statement. Insufficient evidence was found to support the cost of the item as only a screenshot of the BOSHA Materials Storage screen was submitted. No payment is recommended.

- "Anchor Sut 19.5mm x 3.5m" as identified in the itemized statement. Insufficient evidence was found to support the cost of the item as only a screenshot of the BOSHA Materials Storage screen was submitted. No payment is recommended.
- "Anchor Sut 4.75mm x 19.1" as identified in the itemized statement. Insufficient evidence was found to support the cost of the item as only a screenshot of the BOSHA Materials Storage screen was submitted. No payment is recommended.
- "Fibertak RC Double-Loaded" as identified in the itemized statement. An invoice was not found for this item, rather a screen shot of "BOSHA Materials Storage" was submitted. As no invoice was submitted, insufficient evidence was found to support the cost of the disputed item. No payment is recommended.
- "Allograft Decellularized" as identified in the itemized statement. Review of the submitted "Operative Report" found insufficient evidence to support this item was implanted during the surgical procedure. No payment is recommended.
- "Implant Mesh Bioinductive" as identified in the itemized statement and labeled on the invoice as "Implant Mesh Bioinductive" with a cost per unit of \$2,750.00.

The total net invoice amount (exclusive of rebates and discounts) is \$5,100.00. 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 \$510.00. The total recommended reimbursement amount for the implantable items is \$5,610.00.

2. The total recommended reimbursement for the disputed services is \$5,610.00. The insurance carrier paid \$5,610.00. 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 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 26, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).