



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Orthopedic & Spine Hospital

Respondent Name

Trumbull Insurance Co

MFDR Tracking Number

M4-24-1542-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

March 13, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 26, 2023	111-278	\$7,824.28	\$0.00
Total		\$7,824.28	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of a document titled "Reconsideration" dated March 5, 2024 that states, "In accordance to the worker compensation guidelines the invoice should be processed and paid per the IPPS Pricer Calculations for the DRG times 108%. Also, implants should be reimbursed at manual cost plus 10%. Previous payment received totaled \$36,206.57. Please reprocess and remit payment for remaining balance due."

Amount in Dispute: \$7,824.28

Respondent's Position

"...ForeSight is disagreeing with the provider that an additional allowance is due for the implants. Provider has been paid in accordance with the Texas Statue for the implants. As such, Foresight contends the provider has been adequately compensated for the implants with a total allowance

of \$14,246.77.”

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 \(TAC\) §134.404](#) sets out the acute care hospital fee guideline for inpatient services.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 131 – Claim specific negotiated discount.
- 197 – Recommended allowance based on negotiated discount/rate.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 4458 – Foresight – Charges for surgical implants are reviewed separately by Foresight Medical.
- 4898 – Payment made per Medicare’s IPPS methodology with the applicable state markup.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 1014 – The attached billing had been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

Issues

1. Did the requestor support the cost of the implants?

Findings

1. The provider requested separate reimbursement of implantables. DWC Rule §134.404(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 documentation found the itemized statement and operative report that lists implanted items, but the documentation did not include invoices that support the cost of the implants.

The insurance carrier made a payment of \$14,246.77. As no invoices were submitted 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 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 10, 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.