



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TOPS Surgical Specialty Hospital

Respondent Name

Service Lloyds Insurance Co

MFDR Tracking Number

M4-24-1756-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

April 10, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 8, 2023	C1713	3,960.00	\$0.00
September 8, 2023	C1787	17,500.00	\$0.00
September 8, 2023	C1778	222.50	\$0.00
September 8, 2023	L8699	1,530.00	\$0.00
September 8, 2023	C1820	4,303.55	\$0.00
September 8, 2023	63650	11,122.00	\$0.00
Total		\$38,638.05	\$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 25, 2024 that states "According to TX Workers Compensation Fee Schedule the expected reimbursement for DOS 9/08/2023 is \$96,079.75, which total expected reimbursement greater than billed charges."

Supplemental response submitted May 14, 2024

Payment was received in the amount of \$23,110.02, and balance still owed. Please continue with dispute resolution.

Amount in Dispute: \$38,638.05

Respondent's Position

"We have processed for additional payment regarding line 11 for CPT 63685 after receiving the requested supporting documentation. Additional payment of \$22,906.12 plus interest of \$203.90 for a total additional payment of \$23,110.02."

Response submitted by: Mitchell International

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.

- 193 Original payment decision is being maintained. It was determined that the claim was processed properly.
- 225 – Penalty or interest payment by payer.
- 252 – An attachment/other documentation is required to adjudicate this claim/service.
- 253 – In order to review this charge please submit a copy of the certified invoice.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 351 – No additional reimbursement allowed after review of appeal/reconsideration.
- 375 – Please see special *Note* below.
- Additional allowance recommended. However line 8 for implant is still missing supporting wholesale invoice.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

- P13 – Payment reduced or denied based on workers’ compensation jurisdictional regulations or payment policies.
- U03 – The billed service was reviewed by UR and authorized.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 16 – Claim/service lacks information or has submission/billing error(s).
- 205 – This charge was disallowed as additional information/definition is required to clarify services/supply rendered.
- 370 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup.
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service.

Issues

1. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking additional reimbursement of implants and procedure rendered in an outpatient hospital setting on September 8, 2023. The insurance carrier reduced the disputed services based on workers compensation fee schedule and denied the request for implants as required documentation not submitted.

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 the applicable fee guidelines referenced above is shown below.

- Procedure code C1713. Billed amount \$4000.00. Submitted itemized statement indicates “Anchor Sut Surg Anulex”. No manufacturer’s invoice was submitted to support the cost. No reimbursement recommended.
- Procedure code C1713. Billed amount \$400.00. Submitted itemized statement indicates “Device Suturing Fixate”. No manufacturer’s invoice was submitted to support the cost. No reimbursement recommended.
- Procedure code C1778. Submitted itemized statement indicates “Kit Contact Lead 50cm”. No manufacturer’s invoice was submitted to support the cost. No reimbursement is

recommended.

- Procedure code C1787. Submitted itemized statement indicates “Control Kit Freelink”. No manufacturer’s invoice was submitted to support the cost. No reimbursement is recommended.
- Procedure code C1820. Billed amount \$7403.55. Submitted itemized statement indicates “Kit charging Sys charger.” No manufacturer’s invoice was submitted to support the cost. No reimbursement is recommended.
- Procedure code C1820. Billed amount \$31000.00. Submitted itemized statement indicates “Kit Generator Implantable” No manufacturer’s invoice was submitted to support the cost. No reimbursement is recommended.
- Procedure code L8699. Submitted itemized statement indicates “Set anchor Lead Click”. No manufacturer’s invoice was submitted to support the cost. No reimbursement is recommended.
- Procedure code 63650 – Has a status indicator of J1. Procedure code 63685 also has a status indicator of J1. Medicare payment policy allows for the payment of only the highest ranked J1 procedure code. The ranking of code 63685 found at www.cms.gov, addenda J is 16. The ranking of code 63650 is 332. Code 63685 is the highest ranked and receives the only reimbursement. No reimbursement is recommended for code 63650.

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 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

May 28, 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.