



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Baylor Surgical Hospital

**Respondent Name**

Republic Franklin Insurance Co

**MFDR Tracking Number**

M4-24-1968-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

April 29, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 7, 2023	C1713	1,474.00	\$0.00
June 7, 2023	C1781	260.00	\$0.00
<b>Total</b>		<b>1,734.00</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 copy of a document titled "Reconsideration" dated February 20, 2024 that states, "According to TX Workers Compensation guidelines the expected reimbursement for DOS 6/07/2023 is \$17,309.44. Per TX Rule 134.402, implants should be reimbursed at manual cost plus 10%. Previous payment received totaled \$15,576.74. Please remit payment for remaining balance due."

**Amount in Dispute:** \$1,734.00

### Respondent's Position

The Austin carrier representative for Republic Franklin Insurance Co is Burns Anderson Jury & Brenner. The representative was notified of this medical fee dispute on May 14, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

**Response Submitted by:** N/A

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §134.403](#) sets out the procedures for outpatient surgical reimbursement.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

### Denial Reasons

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

#### ForeSight

- 2 - Device payment was based on documentation provided by your facility
- 4 – This item was determined to be a supply/non-implantable item.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.

#### Genex

- 192 – Non standard adjustment code from paper remittance advice.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 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.

### Issues

1. Did the requestor support the cost of implants?

### Findings

1. The requestor is seeking additional reimbursement for implants rendered as part of outpatient hospital surgery in June of 2023. The insurance carrier reduced the payment based on

workers' compensation payment policy and documentation provided.

The following items were submitted under Revenue Code 278 on the itemized statement.

- Lasso Sut Crescent Quick with a billed amount of \$160.00. The insurance carrier denied as non-implantable item. Review of the information available to the Division found this item to be a surgical tool that is used as part of the surgical procedure. DWC Rule 28 TAC §134.403 (b)(2) defines implantable as, "an object or device that is surgically implanted, embedded, inserted, or otherwise applied, and related equipment necessary to operate, program and recharge the implantable." As the product description is for a surgical tool not an implant the insurance carrier's denial is supported. No payment is recommended.

- Implant Bioabsorbable Spe, supported by Arthrex Invoice dated June 12, 2023 that indicates, "Speedbrg Imp Sys w/bio-comp SWVLK & NDL and a cost of \$3,184.00.

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."

The reimbursement for this item is calculated as  $\$3,184.00 + 318.40 = \$3,502.40$ . The insurance carrier (ForeSight) supported payment of this amount on September 6, 2023. No additional payment is recommended.

- Anchors Bone 3 w Arthro with a billed amount of \$950.00. Submitted invoice was from April 28, 2022. The date of service is June 7, 2023. As the submitted invoice is fourteen months prior to date of service, no payment is recommended.
- Staple Tendon Arthroscop with a billed amount of \$600.00. Submitted invoice was from April 28, 2022. The date of service is June 7, 2023. As the submitted invoice is fourteen months prior to date of service, no payment is recommended.
- Implant Mesh Bioinductiv with a billed amount of \$2600.00. Submitted invoice was from April 28, 2022. The date of service is June 7, 2023. As the submitted invoice is fourteen months prior to date of service, no payment is recommended.

The requestor has not supported that additional payment is due. The insurance carrier has supported payment in the amount allowed by applicable DWC fee guideline. 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 requestor 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 10, 2024
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](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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).