



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Orthopedic & Spine Hospital

Respondent Name

Travelers Indemnity Co of Connecticut

MFDR Tracking Number

M4-24-2321-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

June 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 25, 2024	C1713	\$3,652.00	\$0.00
January 25, 2024	29879	\$-2,078.76	\$0.00
Total		\$1,573.24	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR but did submit a document titled "Reconsideration" dated June 20, 2024 that states, "Per TX Rule 134.402, implants should be reimbursed at manual cost plus 10%. Implant invoices are enclosed for review..."

Amount in Dispute: \$1,573.24

Respondent's Position

"The Provider contends they are entitled to separate reimbursement for the surgical implantables, CPT code C1713. In support of that contention, the Provider submitted an invoice for an implant kit, the Zimmer Biomet SCP Knee Kit. This kit contains both implantable and disposable components, including a mixer, a syringe, a cannula, and other component to prepare and inject the bone medium. The kit is a complete system, however, only the implantable components are

reimbursable under the Division's fee schedule. As the Provider has not provided a breakdown or cost invoices for the implantable components identified in the operative report, implant reimbursement at cost of the implanted devices plus 10% mark-up cannot be calculated. Therefore, the Provider has not documented entitlement to separate reimbursement for the surgical implantables."

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.
- 4097 – Paid per fee schedule, charge adjusted because statute dictates allowance is greater than provider's charge.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- 18 – Exact duplicate claim/service.
- 247 – A payment or denial has already been recommended for this service.

Issues

1. Is the respondent's position statement supported?

Findings

1. The requestor is seeking reimbursement of Code C1713 – Anchor or screw used for opposing bone-to-bone or soft tissue-to-bone fixation. The manufacturer’s invoice submitted by the health care provider indicates “SCP Kit Knee 11GA x 120mm 5CC side-delivery” Ref 414.502. Review of this product found it to be a kit that contained the following.
 - AccuFil System
 - AccuFill CaP Powder
 - 10ml of Hydration Solution (0.9% NaCl)
 - 5cc Saline Syringe with Adaptor
 - AccuPort System
 - AccuPort Side – Delivery Cannula
 - AccuMix System
 - Mixing syringe
 - Funnel
 - Lue Lock Cap with Plug
 - 5 – 1cc Syringes

DWC Rule 28 TAC 134.403 (b) (2) states, “Implantables means an object or device that is surgically implanted, embedded, inserted, or otherwise applied, and related equipment necessary to operate, program and recharge the implantable.”

The description of the items contained in the “kit” does not meet the definition of an implantable. Additionally, the description of the code in dispute (C1713) is defined as an anchor or screw. The description of product provided during surgery does not contain an anchor or screw. No reimbursement 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 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

July 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.