



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Orthopedic & Spine Hospital

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-24-2424-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

July 1, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 7, 2023	C1713	\$4,609.00	\$0.00
December 7, 2023	C1781	\$3,025.00	\$0.00
Total		\$7,634.00	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a document titled "Reconsideration" dated June 19, 2024 that states, "Please note that separate reimbursement was requested in Box 80 of UB-04 form for implants. Per TX Rule 134.402, implants should be reimbursed at manual cost plus 10%, and implants invoices are enclosed for review."

Supplemental response submitted September 19, 2024

No additional payment has been received.

Supplemental response submitted September 25, 2024

No payment received as of today.

Amount in Dispute: \$764.00

Respondent's Position

Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed.”

Response submitted by: Gallagher Bassett

Supplemental response submitted August 8, 2024 by Gallagher Bassett.

“Our supplemental response for the above referenced medical fee dispute resolution is as follows: the bill(s) in question was/were escalated and a review completed. Our bill audit company has determined additional monies are owed in the amount of \$4502.99.”

Supplemental response submitted September 30, 2024 by Gallagher Bassett.

Our bill audit company has determined no further payment is due... Per Texas Workers Compensation guidelines manufacture’s invoices are required for reimbursement. We have reprocessed the bill per the request for separate reimbursement of the implants, but as indicated prior, the provider did not submit the manufacture’s invoices, so the bill is now recommending less appropriately.”

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 reimbursement guidelines for outpatient hospital services.

Denial Reasons

- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 90563/193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines/usual and customary policies, providers contract, or car(illegible).

Issues

1. What is the rule applicable to reimbursement?

Findings

1. The requestor is seeking payment of implants shown on the itemized statement under Revenue Code 278 as:

- Suture Anchor Swivelock – C1713 (1) unit billed amount \$425.00
- Fibertak RC Double-Loaded – C1713 (1) unit billed amount \$370.00
- Kit Proximal Tenodesis – C1713 (1) unit billed amount \$675.00
- Anchors Bone 3 w arthro – C1713 (1) unit billed amount \$850.00
- Staple Tendon Arthroscope – C1713 (1) unit billed amount \$650.00
- Suture Anchor Swivelock – C1713 (1) unit billed amount \$425.00
- Suture Anchor Swivelock – C1713 (1) unit billed amount \$425.00
- Fibertak RC Double-Loaded – C1713 (1) unit billed amount \$370.00
- Implant Mesh Bioinductive – C1781 (1) unit billed amount \$2750.00

DWC Rule 28 TAC §134.403 (g) states in pertinent part, "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..."

Review of the submitted documentation found screen shots titled, "BOSHA MATERIALS STORAGE." These screen shots from the requestors inventory system are not manufacturers invoices. No fee calculation for the disputed items with the information submitted can be done. No 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 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 11, 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.