



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgical Hospital at Trophy Club

Respondent Name

Sentry Casualty Co

MFDR Tracking Number

M4-24-2513-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 15, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 22, 2023	111-278	\$6,820.00	\$0.00
Total		\$6,820.00	\$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 July 2, 2024 that states, "The charges were not paid correctly per TX work comp guidelines. According to TX Workers Compensation guidelines the expected reimbursement for DOS 9/22/2023 is \$18,804.88. Per TX Rule 134.402, implants should be reimbursed at manual cost plus 10%. Previous payment received totaled \$13,597.12."

Amount in Dispute: \$6,820.00

Respondent's Position

"...the provider submitted a bill for an item which was wasted according to the Implant Log and Operative Report. Respondent is not liable for wasted items. The Implant Log clearly state that the item was 'wasted, case aborted.' This item was not implanted, and the surgery was aborted."

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 \(TAC\) §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.

Foresight

- 10 – Upon review of submitted request for reconsideration, ForeSight has determined that no additional allowance will be made.
- 14 – This item was determined to not have been permanently implanted during the procedure.

Sentry

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 131 – Claim specific negotiated discount.
- PHO – Surgical implant charges reviewed separately by Foresight Medical.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- XEF, B12 – Services not documented in patient's medical records.

Issues

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

Findings

1. The requestor is seeking reimbursement of implants rendered as part of an inpatient hospital stay. Review of the submitted documentation found an invoice for AcuPac Advanced 25cc-

Aseptic with the date 9/26/2023. The date of service on the submitted medical bill was for surgery on September 22, 2023.

DWC Rule 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 submitted manufacturer's invoice is dated after the date of service of the disputed services and will not be considered.

Additionally, the submitted operative report indicates that no implants were used as the surgical procedure was aborted. The DWC finds no separate reimbursement can be 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 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

August 7, 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.