



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Baylor Surgicare @ Blue Star

**Respondent Name**

Texas Mutual Insurance

**MFDR Tracking Number**

M4-25-0748-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

November 27, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 31, 2024	C1713	\$2751.10	\$0.00
May 31, 2024	C1889	\$655.66	\$0.00
May 31, 2024	C9290	\$507.68	\$0.00
May 31, 2024	J3590	\$2602.60	\$0.00
<b>Total</b>		<b>\$6517.04</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 their reconsideration that states, "Our facility has appropriately billed this case with the implants used and noted for separate payment of costing plus 10% in addition to the service % marl up portion on the CPT codes wit invoices sent."

**Amount in Dispute:** \$6517.04

### Respondent's Position

"On 06/24/2024, Texas Mutual received the initial billing from Baylor Surgicare at Blue Star. On the HCFA submitted, in box 19, the health care provider is requesting "235% service portion cost + 10% implants", which is an incorrect request according to TAC rule 134.402. Additionally, no

signed certification of implant cost was attached. Payment was made at 235%. An appeal was received on 08/12/2024, again with no signed certification, and the original audit decision was upheld. Our position is that no additional payment is due.”

**Response Submitted by:** Texas Mutual

## 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 \(TAC\) TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC134.402](#) sets out documentation requirements for implants during ambulatory surgical procedures.
3. [28 TAC §133.10](#) sets out the billing requirements for implants in an ambulatory surgical center.

### Denial Reasons

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

- 892,225: Please submit correct signed certification verbiage with request for separate reimbursement.
- A22 – Paid per ASC device intensive -235% of Medicare service portion; separate pymt for implants Rule 134.402(F)(2)(B).
- CAC-P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- CAC-236 – The billing code is not compatible with another billing code provided on the same day according to NCCI or workers compensation state regulations/fee schedule requirements.
- CAC-58 – Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.
- CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- H95 – Based on Medicare guidelines, this service is not considered appropriate to be performed in an ASC setting.
- H98 – Separate payment for this service is not warranted as the service is an integral part of the surgical procedure package.
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a

request for reconsideration or appeal.

- 435 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.
- 891 – No additional payment after reconsideration.

### Issues

1. Did the requestor submit the request for implants per applicable DWC rule?

### Findings

1. The requestor is seeking reimbursement of the following codes submitted on the medical bill for date of service May 31, 2024. The services in dispute have the following descriptions.
  - C1713 – Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable).
  - C1889 – Implantable/insertable device, not otherwise classified.
  - C9290 – Injection, bupivacaine liposome, 1mg
  - J3590 – Unclassified biologics

The respondent indicated that the requestor did not include a signed certification of cost with verbiage required by rule.

DWC Rule 28 TAC134.402 (g)(1)(B) states in pertinent part, "The facility or surgical implant provider requesting reimbursement for the implantable shall include with the billing a certification that the amount billed represents the actual cost (net amount, exclusive of rebates and discounts) for the implantable. Review of the submitted documentation found insufficient evidence to support this certification of cost."

Additionally, DWC Rule 28 §133.10 (f)(1)(W) states, "All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form.

(1) The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers' compensation health care:

(W) supplemental information (shaded portion of CMS-1500/fields 24d - 24h) is required when the provider is requesting separate reimbursement for surgically implanted devices or when additional information is necessary to adjudicate payment for the related service line;

Review of the submitted medical bill did not include this required element. The insurance carrier's denial for missing documentation is supported.

The code J3590 was denied, as part of the surgical procedure. Review of the information in the "Operative Report" does not support a separately identifiable biologic was used in the

procedure. No separate payment is recommended.

The code C9290 was denied as documentation does not support the service being billed. Review of the submitted operative report does not indicate the use of Bupivacaine during the procedure. No separate 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**

\_\_\_\_\_  
Signature

Medical Fee Dispute Resolution Officer

February 4, 2025  
\_\_\_\_\_  
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).

