



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Occu Health Surgery Center

Respondent Name

Bitco General Insurance Corp.

MFDR Tracking Number

M4-25-0818-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 10, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 16, 2024	49592	\$14,238.00	\$0.00

Requestor's Position

The submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$14,238.00

Respondent's Position

"On 8/29/24, the Carrier received a bill from Occu Health Surgery Center for DOS 8/16/24. The HCP billed code 49593...

"Corvel's nurse reviewer determined that the code billed was incorrect for the service rendered. The review stated: is for a defect measuring between 3-10 cm. Documentation here indicates a defect of only 1.5 cm. The diagnosis is also 'without obstruction'. As such, the service was denied with CARC 16 [Svc lacks info needed or has billing error(s)] and indicating: There is a more appropriate CPT code for procedure performed.

"The HCP submitted a reconsideration request and changed the billing code from 49593 to 49592...

"Corvel's nurse reviewer again reviewed this bill and maintained the denial as 49592 is for an (redacted) – which is not applicable in this case.

"...the requestor is entitled to \$0.00 reimbursement for date of service 08/16/2024 based on the above-listed rationale."

Response Submitted by: Corvel

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

- 16 - Svc lacks info needed or has billing error(s)
- 97A – Provider appeal
- Explanation of benefits (EOB) comment: There is a more appropriate CPT code for procedure performed. Thank you.

Issues

1. Is the insurance carrier's reason for denial supported?
2. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied reimbursement for the service in dispute due to lack of information needed or billing errors. The insurance carrier in its response position statement asserts that the procedure code billed was not the appropriate code according to the documentation in the medical record.

A review of the submitted medical bills finds that the procedure code in dispute, 49592, was submitted to the insurance carrier by the requestor on a corrected claim. Procedure code 49592 is described as "Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated."

A review of the submitted medical record finds no evidence in the operative report that the

condition requiring surgery was strangulated or incarcerated. A review of the medical bills submitted finds that the diagnosis codes on the bill do not describe an incarcerated or strangulated hernia. Therefore, the disputed procedure code 49592 is not supported by the documentation.

DWC finds that the insurance carrier's reason for reimbursement denial of the disputed procedure code 49592 is supported.

2. The requestor is seeking reimbursement in the amount of \$14,238.00 for the disputed procedure code 49592 billed for date of service August 16, 2024. Because the insurance carrier's reason for denial is supported, DWC finds that the requestor is not entitled to reimbursement for the disputed service.

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 service.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	February 25, 2025 _____ Date
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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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.