

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Orthopedic & Spine Hospital

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-25-1367-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 18, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 19, 2024	C1713	\$86.00	\$0.00
July 19, 2024	C1762	\$594.00	\$0.00
July 19, 2024	C1781	\$436.33	\$0.00
		\$1,116.33	\$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 February 10, 2025 that states, "Per EOB received CPT codes C1713, C1762, and C1781 were not paid correctly. According to TX Rule 134.402 implants should be reimbursed at manual cost plus 10%. Implant invoices are enclosed for review..."

Supplemental response submitted April 14, 2024

Payment was received and balance of \$508.32 still owed. Please continue with dispute.

Amount in Dispute: \$1,116.33

Respondent's Position

"We are attaching a copy of the provider's UB-04s and the carrier's EORs. The carrier has

recalculated the reimbursement amount. The carrier owed an additional \$240 plus interest which the carrier is paying. The provider claims to be billing based upon the implantable invoices. Yet for C1762, the provider billed the amount of \$2,400 on its UB 04; yet on the DWC 60, he claims to have billed the amount of \$2,640.00. That number does not appear consistent with billing records.”

Supplemental response submitted March 18, 2025

“Carrier has previously responded to this dispute on March 11, 2025. As noted in the Carrier’s initial response, it was paying an additional \$240 plus interest. Attached is the Carrier’s EOB recommending payment of that additional amount.”

Response submitted by: Flahive, Ogden & Latson

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 billing and reimbursement guidelines for professional medical services.

Denial Reasons

- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 2008 – Additional payment made on appeal/reconsideration.
- 6981 – Charges for surgical implants are reviewed separately by ForeSight Medical. Please expect a detailed explanation of review for surgical implant charges directly from ForeSight Medical and direct all surgical implant inquiries to Foresight Medical at 813-930-5346.
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- P13 – Payment reduced or denied based on Workers’ Compensation jurisdictional regulations or payment policies.
- W3 – Bill is a reconsideration or appeal.
- 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 determined the service is packaged or excluded from payment.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- 1001 – Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure codes.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 5191 – This amount has been determined to have been paid in excess of the correct allowance; therefore, an overpayment request is being issued.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – Bill is a reconsideration or appeal

Foresight explanation of benefits

- Device payment was based on documentation provided by your facility

Issues

1. What is the rule applicable to reimbursement?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking additional payment of implants rendered during an outpatient surgical procedure rendered on July 19, 2024. The insurance carrier made an additional payment, but the requestor wished to continue with the dispute.

DWC Rule 28 TAC §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.”

Review of the information submitted with this MFDR request did not contain any manufacturer’s invoices. The submitted “Material Mgmt: Item Inquire” is not a manufacturer’s invoice and cannot be considered in the calculation of the rule shown above. As the maximum allowed reimbursement cannot be calculated, no additional 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

		April 30, 2025
Signature	Medical Fee Dispute Resolution Officer	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.