



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgical Hospital

Respondent Name

City of Fort Worth

MFDR Tracking Number

M4-25-1464-01

Carrier's Austin Representative

Box Number 4

DWC Date Received

March 4, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 10, 2024	111-278	\$1,919.43	\$0.00
Total		\$1,919.43	\$0.00

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, "In accordance to the worker compensation guidelines the invoice should be processed and paid per the IPPS Pricer Calculations for the DRG times 108%. Also, implants should be reimbursed at manual cost."

Amount in Dispute: \$1,919.43

Respondent's Position

"City of Fort Worth and Sedgwick stand by their previous EOB and review of the amount paid at this time."

Response Submitted by: Law Office of Ricky D. Green

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 \(TAC\) §133.210](#) sets out the requirements of medical documentation.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 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.
- 2008 – Additional payment made on appeal/reconsideration.
- 4896 – Payment made per Medicare's IPPS methodology, with the applicable state markup.
- INV – Reimbursement for implants based on invoice cost plus markup.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- W3 – Bill is a reconsideration or appeal.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.

Issues

1. Did the requestor support the implantables based on required documentation?

Findings

1. The requestor is seeking additional payment of services rendered under Revenue Code 278 (implantables). The insurance carrier included an explanation of benefits that states implants were reimbursed based on invoice cost plus markup. The submitted operative report states, "...Once the appropriate levels of dissection had been confirmed I became Dr. Grant Booher, M.D. surgical assistant as he performed the discectomy, instrumentation, and implantation of pertinent surgical grafts. For more information about the overall spine procedure please refer to Dr. Grant Booher, M.D. dictated operative report..." Review of the submitted documentation found no operative report detailing the spinal procedure that included the use of implants.

DWC Rule 133.210 (c)(2) states in pertinent part, "...medical bills for the following services shall include the following supporting documentation, surgical services rendered on the same date for which the total of the fees established in the current Division fee guideline exceeds \$500; a copy of the operative report."

Based on this review, DWC finds the requestor did not include the required documentation in support of implantables rendered during an inpatient hospital procedure.

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

April 1, 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. 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.