



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

North Central Surgical Hospital

**Respondent Name**

Texas Municipal League Intergovernmental

**MFDR Tracking Number**

M4-25-2114-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 5, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
111-278 [sic]	111-278	\$2,386.96	\$0.00
<b>Total</b>		\$2,386.96	\$0.00

### Requestor's Position

The requestor submitted a document titled "Reconsideration" dated April 28, 2025 that states, "Per EOB, partial payment was received for Rev code 278/Implants. According to TX Rule 134.402, implants should be reimbursed at manual cost plus 10% Previous payment received totaled \$44,361.51."

**Amount in Dispute:** \$2,389.96

### Respondent's Position

"The provider is seeking an additional payment of \$2,386.96. That payment appears to be based upon an implantable. However, in order to be entitled to reimbursement for an implantable, the provider must submit the invoice that it received to the Carrier along with the UB 04. Even through the date of the provider filing the DWC 60, it still had failed to submit the implant invoice for the infuse kit bone graft billed with code C1762. Until the provider submits a copy of the implant invoice with the carrier, the provider is not entitled to reimbursement for it. Based

upon the current documentation, the provider is not entitled to any additional monies.”

**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 §403](#) sets out the requirement of billing for implants rendered during outpatient surgical procedures.

### Denial Reasons

- 350 – Bill has been identified as a request for reconsideration or appeal.
- 353 – The charge was reviewed according to the submitted invoice and documentation.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- 468 – Pricing is based on the medical hospital inpatient prospective payment system methodology.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- P13 – Payment reduced or denied based on workers’ compensation jurisdictional regulations or payment policies,
- U03 – The billed service was reviewed by RU and authorized.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- Provider requested implant reimbursement – missing implant invoice for infuse kit bone graft therefore total amount allowed for implants is \$14010.00 + 10T (1401.00) = \$15411.00.
- Recon Rec’d – 2<sup>nd</sup> request for the infuse bone kit graft missing invoice.

### Issues

1. Is the insurance carrier’s denial supported?

## Findings

1. The requestor is seeking additional payment for implants rendered as part of an outpatient hospital surgery on January 13, 2025. The insurance carrier supported a payment made in the amount of \$15,411.00. The explanation of benefits indicates a missing invoice for item shown on itemized statement as "Infuse Kit Bone Graft" in the amount of \$2,170.00.

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 by the requestor found the following items.

- Tissue Graft & Bone Transplant Log
- Implant Log Sheet
- Loaner Usage Confirmation (LUC) form
- Kuros Biosciences Delivered Order Form
- Autologous Blood Technology
- Purchase order NC130470
- Receiving Delivery Ticket Autologous Blood Technology, L.L.C.
- Purchase order NC130471
- Receiving Delivery Ticket Kuros Biosciences USA
- Purchase order NC130475
- Receiving Delivery Ticket Medtronic USA

None of the items included with the request for MFDR are indicated as a manufacturer's invoice. The insurance carrier's denial is supported. 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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
May 30, 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 3 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 3 o correo electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).