



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Baylor Surgical Hospital of Fort Worth

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-26-0542-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

October 27, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 9, 2025	C1713	\$507.24	\$0.00

Requester's Position

"Per EOB received CPT code C1713 was not paid correctly per TX work comp guidelines. According to TX Rule 134.402, implants should be reimbursed at manual cost plus 10%. We ask that you reprocess and remit payment for remaining balance due."

Amount in Dispute: \$507.24

Respondent's Position

"Per the documented implantable in the operative report, the C1713 implantables were reimbursed separately for one bone anchor (\$725.00 plus 10%), one tendon anchor (\$450.00 plus 10%), and two corkscrew anchors (384.82 each plus 10%). Please note that knotless tension tight system is not an implantable, but rather an installation kit of supplies which are not separately reimbursable under the Medicare edits and Rule 134.403. Additionally, invoices were submitted for implantables that are not documented in the operative report. This results in total implantable reimbursement with the 10% mark-up of \$2,479.83. No additional reimbursement is due."

Response submitted by: Travelers

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 reimbursement guidelines for implants utilized during outpatient surgical services.

Denial Reasons

- 18 – Exact duplicate claim/service.
- 247 – A payment or denial has already been recommended for this service.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- P18 – Procedure is not listed in the jurisdiction fee schedule. An allowance has been made for a comparable service.
- 29 – The time limit for filing has expired.

Issues

1. What is the rule(s) applicable to reimbursement?
2. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking additional reimbursement for implants submitted on the medical bill under revenue code 278 for date of service January 9, 2025.

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.

The items submitted under Revenue code 278 and shown on the itemized bill are.

- Staple Tendon Arthroscope (1) \$450.00
- Anchors Bone 3 w arthro (1) \$725.00
- Knotless Tension Tight AR-2350 (1) \$948.50
- Suture Anchor 4.75 x 14m (1) \$592.00

The respondent states, "...the knotless tension tight system is not an implantable, but rather an installation kit of supplies..."

DWC Rule 28 TAC 134.403 (b)(2) states, "Implantable" means an object or device that is surgically:

- (A) implanted,
- (B) embedded,
- (C) inserted,
- (D) or otherwise applied, and
- (E) related equipment necessary to operate, program and recharge the implantable.

Review of the manufacturers website at <https://www.arthrex.com/products/AR-2350> found the Knotless Tension Tight Button Implant System (Includes: Knotless TensionTight Button w/inserter, two #5 FiberLink Sutures, 3.7mm Spade-tip Drill Pin, Curved Needle with Nitinol Loop, and Shoehorn Cannula.

Review of the submitted operative report (page 3 of 4) indicates, "I drilled a unicortical tunnel and then passed the biceps button through the tunnel. The button was deployed and secured with passing suture through the biceps tendon and tensioning it down."

The information from the operative report supports that the "button" and "sutures" meets the

definition of an implant, but the other items listed as part of the billed system do not. No separate cost was found on just the implanted items. No reimbursement is recommended for the Knotless Tension Tight AR-2350.

The other items are were submitted for separate reimbursement.

- Staple Tendon Arthroscope (1) \$450.00
- Anchors Bone 3 w arthro (1) \$725.00
- Suture Anchor 4.75 x 14m (1) \$592.00

The Bone Anchors 3 2 arthro was found listed on a manufacturers invoice dated June 26, 2024. The date of service is January 9, 2025. This invoice does not support the cost of this item on the date of service.

No invoice was found for Staple Tendon Arthroscope or Suture Anchor 4.75 x 14m. The reimbursement rate per the applicable fee guideline cannot be calculated.

2. The disputed services were billed as implants with separate reimbursement requested. However, the required manufacturers invoice required to support the cost was six months prior to the date of service or not found. No additional reimbursement is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 requester is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 19, 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 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.