



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Doctor's Hospital at Renaissance

Respondent Name

Arch Indemnity Insurance Co

MFDR Tracking Number

M4-25-2013-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 29, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 9, 2024	N470004090809ML	\$0.00	\$0.00
December 9, 2024	IV NS ADD-A-VIAL BAG	\$0.00	\$0.00
December 9, 2024	PRE-OP INJ IN PUSH INITIAL	\$0.00	\$0.00
December 9, 2024	A4622	\$0.00	\$0.00
December 9, 2024	DRESSING COBAN 4 " X 5 YDS	\$0.00	\$0.00
December 9, 2024	C1713	\$0.00	\$0.00
December 9, 2024	36415	\$0.00	\$0.00
December 9, 2024	80048	\$0.00	\$0.00
December 9, 2024	85610	\$0.00	\$0.00
December 9, 2024	85730	\$0.00	\$0.00
December 9, 2024	85027	\$0.00	\$0.00
December 9, 2024	76000	\$437.72	\$0.00
December 9, 2024	27766	\$12,779.52	\$0.00
December 9, 2024	ANESTHESIA GEN LEVEL-1	\$0.00	\$0.00
December 9, 2024	J3010	\$0.00	\$0.00
December 9, 2024	J2003	\$0.00	\$0.00
December 9, 2024	J2704	\$0.00	\$0.00
December 9, 2024	J0690	\$0.00	\$0.00
December 9, 2024	J1885	\$0.00	\$0.00
December 9, 2024	J2270	\$0.00	\$0.00
December 9, 2024	J2250	\$0.00	\$0.00
December 9, 2024	J2405	\$0.00	\$0.00
December 9, 2024	A9270	\$0.00	\$0.00
December 9, 2024	RECOVERY ROOM 1 ST HOUR	\$0.00	\$0.00

Total	\$13,217.24	\$0.00
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Requestor's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled "Request for Reconsideration" that states, "According to TWCC guidelines, Rule §134.403 states that the reimbursement calculation used for establishing the MAR shall be by applying the Medicare facility specific amount."

Amount in dispute \$13,217.24

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: We have escalated the bills in question for manual review to determine if additional monies are owed."

Response Submitted by: Gallagher Bassett

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 §134.600](#) sets out the requirements for prior authorization

Denial Reasons

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

- 00663 – Reimbursement has been calculated based on the state guidelines.
- 31065 – This service was not pre-authorized in conformance with TWCC Rule 134.600
- 193/90583 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 5283-1 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract or carrier decision.

Issues

1. What services are in dispute?

2. Is Gallagher Basset's denial based on no authorization supported?
3. Is Doctors Hospital at Renaissance entitled to additional reimbursement?

Findings

1. The requester seeks reimbursement of an outpatient surgical procedure rendered on December 9, 2024. The submitted DWC60 contained many lines but the only codes that have an amount listed as in dispute are 76000 and 27766. These codes will be reviewed per applicable fee guideline.
2. Review of the submitted explanation of benefits found the insurance carrier denied the disputed charges for lacking prior authorization. DWC Rule 28 TAC §134.600 (p)(2) states, "Non-emergency health care requiring preauthorization includes: outpatient surgical or ambulatory surgical services..." Based on the applicable DWC rule, prior authorization was required. Insufficient evidence was presented by the requester to support the required prior authorization was requested or received. The insurance carrier's denial is supported.
3. The DWC finds that Doctor's Hospital at Renaissance has not supported the disputed outpatient surgical procedure for date of service December 9, 2024 was authorized, no reimbursement 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 reimbursement of \$13,217.24 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

August 21, 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.