



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Surgical Hospital at Trophy Club

Respondent Name

Travelers Property Casualty Co

MFDR Tracking Number

M4-26-0225-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

September 22, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 13, 2025	111-278	\$16,207.95	\$0.00

Requestor's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Reconsideration" dated September 10, 2025 that states, "Per EOB received Rev code 278 was partially paid. According to TX Rule 134.402, implants should be reimbursed at manual cost plus 10%."

Amount in Dispute: \$16,207.95

Respondent's Position

"The Carrier has reimbursed for all documented implantables at cost plus 10%, except for the Floseal (which did not have an invoice submitted) and the custom illuminator (which was not implanted). Additionally, the two rods which were documented as removed were not reimbursed. The Carrier contends the Provider has been appropriately reimbursed."

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

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 45 -Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- W3 – Bill is a reconsideration or appeal.
- 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 code.
- 5405 – Payment for services were repriced in accordance with state DRG guidelines.
- 2008 – Additional payment made on appeal/reconsideration.
- 11 – The recommended allowance for the supply was based on the attached invoice.

Issues

1. Did the requester include required documentation?
2. Does submitted documentation support use of implants?

Findings

1. The requester submitted a request for MFDR for an inpatient hospital stay with a from date of February 13, 2025 through March 5, 2025. The request indications only Revenue Code 278 is in dispute with an amount of \$16,207.95 listed.

Review of the submitted itemized statement indicates on February 28, 2025 the following items were billed under Revenue Code 278.

- Screw 7.5mm x 35MM UU051, quantity 1
- Set screw UU051-30-0000, quantity 5
- Rod 5.5mm x 110MM UU052-14, quantity 1
- Tap Screw 5.5MM UU052-14, quantity 1
- Screw Polyaxial 7.5MM x, quantity 1
- Screw 6.5MM x 50MM 77051, quantity 1
- Rod curved 05.55MM x 80MM, quantity 1
- Screw Polyaxial 7.5x45MM, quantity 1
- Screw 6.5MM x 50MM UU051, quantity 2
- Rod 100MM x 55MM UU051-5, quantity 1
- Screw Ployaxial 7.5x45MM, quantity 1
- Allograft Acupac x 25cc, quantity 1
- Stimulan Paid Cure 5cc, quantity 1

DWC Rule 133.210 (c)(2) states, In addition to the documentation requirements of subsection (b) of this section, 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;

Review of the documents submitted with the request for MFDR did not include the operative report for February 28, 2025. Therefore, the Division cannot verify the items submitted for reimbursement consideration by the requester.

2. The submitted itemized statement indicates the following items were billed under Revenue Code 278 for date of service March 3, 2025.

- Interbody Aling TI, quantity 1
- Screw Align Alif 5.0MM, quantity 2
- Plate A link Z break off, quantity 1
- Allograft Acupac x 25cc, quantity 1

The submitted "Operative Report" for surgery performed on March 3, 2025 indicates, "Implants – None". Based on this document review, the services billed under Revenue Code 278 for March 3, 2025 are not supported. No 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

_____	_____	October 14, 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.