



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Doctors Hospital at Renaissance

Respondent Name

American Zurich Insurance Co

MFDR Tracking Number

M4-26-0736-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 20, 2025	27766	\$13,393.36	\$0.00
March 20, 2025	All other items	\$0.00	\$0.00
Total		\$13,393.36	\$0.00

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a copy of their reconsideration dated October 1, 2025 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: \$13,393.36

Respondent's Position

"The Provider is not entitled to any additional money. The Provider is requesting payment for both surgical codes of 27766 and 27829. However, under the Medical Fee Guidelines, if the primary and secondary procedure both fall under status indicator J1, then the secondary procedure will be processed as packaged services and accordingly, no additional money would be owed for that secondary procedure."

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

- [28 Texas Administrative Code \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
- [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
- [28 TAC §134.403](#) sets out the rules and fee guidelines for outpatient hospital services.

Denial Reasons

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

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies...
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

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

Findings

1. The requester submitted a request for MFDR that indicates only Code 27766 has an amount in dispute. All other items listed on the DWC060 have a zero amount in dispute. This review will be done only for the disputed code that was denied by the insurance carrier based on workers' compensation jurisdictional fee schedule adjustment.

DWC Rule 28 TAC §134.403 (d) requires Texas workers' compensation system participants when coding, billing, reporting and reimbursement to apply Medicare payment policies in effect on the date of service.

The Medicare payment policy applicable to the services in dispute is found at www.cms.gov, Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC).

Review of the submitted medical bill and the applicable fee guidelines referenced above are shown below.

- Procedure code 27766 has a status indicator of J1 which is defined at www.cms.gov, Addenda D1 as Paid under OPPTS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim..."

To determine the primary J1 procedure, codes with this status indicator are ranked. This ranking is found at www.cms.gov, Addenda J.

The ranking of code 27666 is 671.

Another J1 status indicator procedure code was found on the medical bill, 27829.

This code has a ranking of 562.

Therefore code 27829 is the primary J1 procedure and the comprehensive code that receives reimbursement.

All other codes are packaged into this primary procedure.

2. The requester is seeking payment for code 27766. Review of the information available at the time of this review found the medical bill contained two surgical codes. Code 27766 and Code 27829. The applicable Medicare payment policy allows payment of only the highest ranked J1 code. Code 27766 is not the highest ranked. 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 requester is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 18, 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.