



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

North Central Surgical Center

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-26-0833-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

November 21, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 20, 2025	27870	\$0.00	\$0.00
August 20, 2025	C1713	\$11881.00	\$0.00
August 20, 2025	82947	\$4.91	\$4.04
<b>Total</b>		<b>\$3067.17[sic]</b>	<b>\$4.04</b>

### Requester's Position

"According to Texas Workers Compensation Rule 134.402, "Implantable devices are reimbursed at the providers cost plus 10% up to \$1,000.00 per item or \$2,000.00 per case."

**Amount in Dispute:** \$3067.17

### Respondent's Position

"The UB-04 did not identify or document the reimbursement methodology requested for the implantables, and the provider did not submit the required implant certification or supporting documentation with its original billing. Because the bill was not properly documented, the claim was correctly reimbursed at 200% of the applicable Medicare rate."

**Response submitted by:** Texas Mutual

## 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.

[DWC Rule TAC §133.10](#) sets out the requirements of requesting separate implant reimbursement.

[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:

- CAC - P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CAC – W3/350 – In accordance with TDI-DWC Rru134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC – 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC – 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- DC4 – No additional reimbursement allowed after reconsideration.
- D25 – Approved non network provider for Workwell, TX network claimant per Rule 1305.153 (c).
- 217 – The value of this procedure is included in the value of another procedure performed on this date.
- 305 – The implant is included in this billing and is reimbursed at the higher percentage calculation.
- 371 – This hospital outpatient allowance was calculated according to the OPPS payment for this service.
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service.
- 767 – Paid per O/P FG at 200%; Implants not applicable or separate reimbursement (with cert) not requested per Rule 134.403(G).
- 770 – Implant provider charges denied per outpatient FG. Required certification not included per Rule 134.403(G)(1).

## Issues

1. Is the insurance carrier's denial supported?
2. What is the rule applicable to reimbursement?
3. Is the requester entitled to additional reimbursement?

## Findings

1. The requester is seeking payment of implants submitted on the medical bill under Code C1713. The insurance carrier denied this claim line as being packaged into the primary service.

DWC Rule TAC §133.10 (QQ) states, "remarks (UB-04/filed 80) is required when separate reimbursement for surgically implanted devices is requested.

Review of the submitted UB-04 found no request for separate implant reimbursement was made, the rules and fee guidelines associated with implants do not apply to this medical bill. The request for MFDR for code C1713 will not be considered in this review.

2. The requester is seeking payment of code 82947. DWC Rule 28 TAC §134.403 (d) states, For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided...

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

DWC Rule 28 TAC §134.403 (h) states, For medical services provided in an outpatient acute care hospital, but not addressed in the Medicare payment policies as outlined in subsections (f)(1) or (f)(2) of this section, and for which Medicare reimburses using other Medicare fee schedules, reimbursement shall be made using the applicable Division Fee Guideline in effect for that service on the date the service was provided.

Procedure code 82947 is assigned status indicator "A" with the definition of, Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPSS, Separately Payable Clinical Diagnostic Laboratory Services.

DWC Rule 28 TAC §134.203(e) states, The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service;

The 2025 Clinical Diagnostic Laboratory Fee Schedule at [www.cms.gov](http://www.cms.gov) indicates code 82947 has an allowable of \$3.93. This amount multiplied by 125% = \$4.04.

3. The total recommended reimbursement for the disputed services is \$4.04. This amount 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 established that additional reimbursement of \$4.04 is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that Texas Mutual Insurance Company must remit to North Central Surgical Center \$4.04 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

**Authorized Signature**

		December 18, 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](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).