



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Baylor Orthopedic & Spine Hospital Arlington

Respondent Name

Travelers Property Casualty Co of America

MFDR Tracking Number

M4-26-1419-01

Insurance Carrier's Austin Representative

BOX 5 Travelers Co Inc

DWC Date Received

January 21, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
August 13 – 27, 2025	C1713	\$1506.34	\$0.00
August 13 – 27, 2025	80053	\$13.20	\$0.00
August 13 – 27, 2025	36415	\$16.95	\$0.00
August 13 – 27, 2025	All other codes	\$0.00	\$0.00
Total		\$1137.30	\$0.00

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: \$1,137.30

Respondent's Position

"The Carrier has reviewed the documentation and contends the Provider has been appropriately reimbursed at the appropriate fee schedule reimbursement for the surgical admission and the related services per the applicable Medicare edits."

Response Submitted By: Travelers

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [134.403](#) sets out the guidelines for outpatient hospital services.
3. 28 TAC Section [133.10](#) sets out requirements for implant reimbursement.

Adjustment Reasons

- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- P12 – Workers' compensation jurisdiction fee schedule adjustment.
- 4097 – Paid per fee schedule; Charge adjusted because statute dictates allowance is greater than provider's charge.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the medical bill meet the requirements of separate implant reimbursement?
3. What rule is applicable to reimbursement?
4. Has DWC determined whether the requester is due additional reimbursement?

Findings

1. The requester seeks additional reimbursement of implants billed under code C1713 rendered on August 13-27, 2025 during an outpatient hospital procedure. The requester

indicates reimbursement sought for codes 80053 and 36415 also rendered on August 13-27,2025. All other items listed on DWC60 have \$0.00 in dispute. The amount to be considered in this review is \$1137.30.

2. 28 TAC Section 133.10(f)(2)(QQ) states, All information submitted on required billing forms must be legible and completed in accordance with this section... The following date content or data elements are required for a complete institutional medical bill related to Texas workers' compensation health care: (QQ) remarks (UB-04/field 80) is required when separate reimbursement for surgically implanted devices is requested.

Review of the submitted medical bill found field 80 had no request for separate implant reimbursement.

The request for code C1713 finds no additional reimbursement is recommended.

3. 28 TAC Section 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, Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC).

Review of the applicable Appendix B at www.cms.gov, the status indicators found the following.

- Code 80053 and 36415 have status indicators of Q4. Addenda D1 at www.cms.gov, described Q4 as Packaged APC payment on the same claim as a HCPCS code assigned published status indicator "J1". The medical bill contained code 29827 with a status indicator of J1. Therefore, these codes are packaged and not separately payable.

4. DWC finds the requirements of separate implant reimbursement was not met. The disputed codes 80053 and 36415 are packaged and there is no separate reimbursement.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented 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 is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 24, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 800-252-7031, option three 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.