TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Medical Center Health System

Respondent Name
Liberty Insurance Corp

MFDR Tracking Number
M4-22-0592-01

Carrier's Austin Representative
Box Number 1

DWC Date Received
November 24, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 23, 2021	01830	$30.58	$0.00
	Total	$30.58	$0.00

Requestor's Position

The requestor did not submit a position statement but did submit a copy of their reconsideration that states, "Per the TX WC guidelines for anesthesia the calculation is: (Quantity Billed / Time Divisor) + basic unit x conversion factor. Please review and submit remaining balance due."

Amount in Dispute: $30.58

Respondent's Position

The bills have been reviewed and payments have been issued – copies of EOBs are submitted for your review.

Response submitted by: Liberty Mutual Insurance

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 §134.203 sets out the fee guidelines of professional medical claims.

Denial Reasons

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

- 120 – The allowance is based on the anesthesia service performed
- 4955 – The allowance has been reduced based on the anesthesia services performed by CRNA under the medical direction of an anesthesiologist
- W3 – Additional payment made on appeal/reconsideration

Issues

1. Is the insurance carrier's position supported?

Findings

1. The requestor is seeking additional reimbursement of professional services rendered in May 2021. Review of the submitted documentation indicates the insurance carrier paid $30.59 on December 1, 2021, via check 0033111505. This insurance company supported the review and payment of disputed amount. No additional 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 not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	March 21, 2022 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 electronico CompConnection@tdi.texas.gov.