



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Grasshopper Anesthesia Services

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-25-2929-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

July 17, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 1, 2024	01740	\$2500.00	\$0.00

### Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document sent to the attention of Texas Mutual Workers Compensation Claims Dispute Complaint Department" dated July 17, 2025 that states, "On behalf of Grasshopper Anesthesia Services, we are formally demanding a prompt review, reprocess AND payment if this claim. .. Attached you will see a copy of the claim we filed via mail on 11/5/2025, copy of records to process claim accordingly, copy of EOB you sent denying the claim as a duplicate."

**Amount in Dispute:** \$2500.0..

### Respondent's Position

### Findings and Decision

"Texas Mutual on 11/18/2024 received the bill from GRASSHOPPER ANESTHESIA SERVICES. ...the rationale given by the requestor for the late bill is not consistent with the Rule above. Our position is that no payment is due."

**Response Submitted by:** Texas Mutual

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

### Denial Reasons

- CAC – 18 Exact duplicate claim/service
- 224 – Duplicate charge

### Issues

1. Did the insurance carrier raise a new issue?
2. What rule is applicable to medical documentation?

### Findings

1. The requester is reimbursement of anesthesia services rendered in August of 2024. The only explanation of benefits that was submitted has an audit date of March 5, 2025 and denied the charge as a duplicate claim. The respondent (Texas Mutual) states in their position statement that "Texas Mutual on 11/18/2024 received the bill from GRASSHOPPER ANESTHESIA SERVICES. (Attachment)." The only attachment was a copy of the medical bill.

DWC Rule 133.307 (d)(F) states, The responses shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review.

DWC finds after review of the submitted documentation, Texas Mutual did not support a denial for timely filing was presented to the requester prior to MFDR nor did they include said denial with their response. The denial for untimely filing of the medical bill will not be considered.

2. DWC Rule 28 TAC §133.210 (a)(b)(c)(2) states,  
(a) Medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results.

(b) When submitting a medical bill for reimbursement, the health care provider shall provide required documentation in legible form, unless the required documentation was previously provided to the insurance carrier or its agents.

(c) In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation:

(2) 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;

The submitted medical bill indicates 301 units for the anesthesia that began at 0741 and ended at 1241. The documentation submitted with this request for MFDR did not contain the operative report or anesthesia report to support the submitted units of service and allow for the calculation of the DWC fee guideline. No payment is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the Grasshopper Anesthesia Services has not established that reimbursement of \$2,500.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	September 30, 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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).