



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Legent EHI Surgery Center
Austin

Respondent Name

Ace American Insurance Co

MFDR Tracking Number

M4-25-3456-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

August 29, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 30, 2024	C1713	\$1089.57	\$0.00

Requester's Position

"We are asking for separate reimbursement for implants."

Amount in Dispute: \$1089.57

Respondent's Position

The Austin carrier representative for Ace American Insurance Co is Downs & Stanford PC. The representative was notified of this medical fee dispute on September 2, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §133.210](#) sets out the requirements of medical documentation.

Denial Reasons

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

- 11 – The recommended allowance for the supply was based on the attached invoice.
- W3 – Bill is a reconsideration or appeal.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 2008 – Additional payment made on appeal/reconsideration.
- 197 – Payment denied/reduced for absence of precertification/authorization.
- 199 – Number of services exceed utilization agreement.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 851 – The allowance was adjusted in accordance with multiple procedure rules and/or guidelines.
- 983- Charge for this procedure exceeds Medicare ASC schedule allowance.
- 4123 – Allowance is based on Texas ASC device intensive procedure calculation and guidelines.
- 5231 – Please submit the implant TIC log-Operative notes which include intra-operative documentation on implant sheet, logs/record-for reconsideration of payment.

Issues

1. What rule is applicable to medical billing?

Findings

1. The requester submitted to MFDR for additional payment of implants rendered during a surgical procedure on September 20, 2024 in an ambulatory surgical center. DWC Rule 28 TAC §133.210 (c)(5) states, In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation:

(5) for hospital services: an itemized statement of charges.

The information submitted with this request for MFDR did not contain an itemized statement in support of the four units of code C1713 as required by applicable rule.

The required supporting documentation was not submitted with this request for MFDR. 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 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 reimbursement for the disputed services.

Authorized Signature

		December 10, 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. 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.