



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Arlington Orthopedic and Spine

**Respondent Name**

TASB Risk Mgmt Fund

**MFDR Tracking Number**

M4-26-0576-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

October 27, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
July 8, 2025	C1713	\$953.81	\$0.00
July 8, 2025	C1781	\$275.00	\$0.00
<b>Total</b>		<b>\$1,228.81</b>	<b>\$0.00</b>

### Requester's Position

"According to TX Rule 134.402, implants should be reimbursed at manual cost plus 10%. Previous payment received totaled \$13,327.28".

**Amount In Dispute:** \$1,228.81

## Respondent's Position

The Austin carrier representative for TASB Risk Management Fund is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 31, 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 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.

### Adjustment Reasons

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 351 – No additional reimbursement allowed after review of appeal/reconsideration.
- 353 – This charge was reviewed according to the submitted invoice and documentation.
- 370 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service.
- 95 – Plan procedures not followed.
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- U00 - Ther was no UR procedure/treatment request received.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

## Issues

1. What is DWC considering in this medical fee dispute?
2. What rule is applicable to reimbursement?

## Findings

1. The requester is seeking additional reimbursement in the amount of \$1,228.81 for implants that were rendered as part of an outpatient surgical procedure on July 8, 2025. The payment made on August 21, 2025 included \$1,705.00 paid on code C1713 and \$2,750.00 for code C1781 for a total payment of \$4,455.00. These payments were reduced based on the submitted invoice and documentation.
2. 28 TAC Section 134.403 (g) states, Implantables, when billed separately by the facility or a surgical implant provider in accordance with subsection (f)(1)(B) of this section, shall be reimbursed at the lesser of the manufacturer's invoice amount or the net amount (exclusive of rebates and discounts) plus 10 percent or \$1,000 per billed item add-on, whichever is less, but not to exceed \$2,000 in add-on's per admission.

The information received with this request for MFDR included.

- Purchase Order created on July 11, 2025.
- Sales Order # 8658515 dated July 8, 2025.
- Material Mgmt Item Inquire.

The documents are not the manufacturer's invoice specified in the rule above. No additional payment can be recommended.

## 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 additional 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

\_\_\_\_\_  
January 29, 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](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 800-252-7031, option three 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 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](mailto:CompConnection@tdi.texas.gov).