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
Baylor Scott & White Medical

Respondent Name
LM Insurance Corp

MFDR Tracking Number
M4-25-1521-01

Carrier's Austin Representative
Box Number 60

DWC Date Received
March 4, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 24, 2024	99284	$810.12	$0.00
	Total	$810.12	$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a document titled "Reconsideration" dated February 18, 2025 that states, "Per EOB, CPT code 99284/25 was underpaid. Please note that only one unit was paid, and two units were billed."

Amount in Dispute: $810.12

Respondent's Position

"We have again reviewed payment for the services of May 24, 2024 with Baylor Scott and White Medical Center and determined that reimbursement was issued according to the guidelines provided by the Texas Medical Fee Schedule. No additional payment is due."

Response Submitted by: Liberty Mutual

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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 out the procedures for resolving medical fee dispute.

2. 28 TAC §134.403 sets out the billing guidelines for outpatient hospital services.

Denial Reasons

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

- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- 56 – Significant, separately identifiable E/M service rendered.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is the requestor's position statement supported?

Findings

1. The requestor is seeking reimbursement of a second unit of service for code 99284-25, "Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making." Review of the submitted documentation found insufficient evidence to support the patient received two emergency department visits for evaluation and management. No separate reimbursement 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 requestor has not established that additional reimbursement is due.

Order

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

Authorized Signature

	Medical Fee Dispute Resolution Officer	April 4, 2025
Signature		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 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 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 tres o correo electronico CompConnection@tdi.texas.gov.