



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Emily Bailey, D.C.

Respondent Name

LM Insurance Corp.

MFDR Tracking Number

M4-25-1601-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

March 17, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 3, 2025	Designated Doctor Examination 99456-W5	\$863.00	\$29.00

Requestor's Position

Initial Statement: "My report and billing was submitted to all parties on January 10, 2025. To date I have not received any communication from the carrier as far as payment or EOB on this case."

Subsequent Statement: "The carrier did make a partial payment in the amount of \$834.00 ... There is still a balance remaining of \$29.00 ..."

Amount in Dispute: \$863.00

Respondent's Position

"The bill has been reviewed and adjusted for payment..."

Response Submitted by: Liberty Mutual Insurance

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](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.210](#) sets out the fee guidelines for workers' compensation specific services.
3. [28 TAC §134.240](#) sets out the fee guidelines for designated doctors.

Denial Reasons

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

- P12
- 309 – The charge for this procedure exceeds the fee schedule allowance.

Issues

1. Is Emily Bailey, D.C. entitled to additional reimbursement for the service in question?

Findings

1. Dr. Bailey is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) for a lower extremity performed on January 3, 2025. Per explanation of benefits dated April 2, 2025, the insurance carrier paid \$834.00.

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)."

28 TAC §134.240(d)(4) states, in relevant part, "For IR examinations, the designated doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation..."

(ii) For musculoskeletal body areas:

- (I) the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)"

28 TAC §134.210(b)(4) states, "Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

- (A) adjusted once by applying the Medicare Economic Index (MEI) percentage adjustment

- factor for the period 2009 - 2024.
- (B) adjusted annually by applying the MEI percentage adjustment factor identified in §134.203(c)(2).
- (C) rounded to whole dollars by dropping amounts under 50 cents and increasing amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.
- (D) effective on January 1 of each new calendar year.”

For the date of service in question, an examination to determine MMI is adjusted to \$465.00. The examination to determine IR is \$398.00. The total allowable reimbursement for the examination in question is \$863.00. The insurance carrier paid \$834.00. An additional reimbursement of \$29.00 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 established that additional reimbursement of \$29.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that LM Insurance Corp. must remit to Emily Bailey, D.C. \$29.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	June 18, 2025 Date
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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 electrónico CompConnection@tdi.texas.gov.