



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health of Plano

Respondent Name

Liberty Insurance Corp

MFDR Tracking Number

M4-25-1903-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

April 16, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 22, 2024	111	\$4080	\$0.00
April 22, 2024	250	\$317.47	\$0.00
April 22, 2024	258	\$50	\$0.00
April 22, 2024	272	\$1843	\$0.00
April 22, 2024	278	\$13305	\$0.00
April 22, 2024	300	\$38	\$0.00
April 22, 2024	301	\$2658	\$0.00
April 22, 2024	305	\$792	\$0.00
April 22, 2024	320	\$1772	\$0.00
April 22, 2024	352	\$3836.75	\$0.00
April 22, 2024	360	\$17252.50	\$0.00
April 22, 2024	370	\$5394.50	\$0.00
April 22, 2024	420	\$574.50	\$0.00
April 22, 2024	424	\$198.50	\$0.00
April 22, 2024	430	\$536.25	\$0.00
April 22, 2024	434	\$302.50	\$0.00
April 22, 2024	450	\$3165.50	\$0.00
April 22, 2024	636	\$1358.87	\$0.00
April 22, 2024	682	\$8330.75	\$0.00
April 22, 2024	710	\$1187.75	\$0.00
April 22, 2024	730	\$329	\$0.00
Total		\$67,322.84	\$0.00

Requestor's Position

"The Carrier's determination that the documentation provided does not support the level of service billed is erroneous. ...The Hospital has exhaustively documented support for the DRG billed."

Amount in Dispute: \$67,322.84

Respondents' Position

"This letter acknowledges receipt of your Liberty Health Care Network (HCN) complaint on 4/22/2025."

Supplemental response submitted April 29, 2025

"...The carrier argues that this diagnosis with this CC should not be paid when no supporting documentation has been received to show there was an increase level of care or increased consumption of services. There is not treatment for (redacted) documented in the medical records, so this cannot be used to pay a higher level DRG."

Response Submitted by: Liberty Mutual Insurance

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 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.404](#) sets out the acute care hospital fee guideline for inpatient services.

Denial Reasons

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

- 589 – The documentation received does not support the level of service billed. Please adjust the level of service billed or provide additional documentation to support the service billed.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- X598 – Claim has been re-evaluated based on additional documentation submitted; no additional payment due.

Issues

1. Is the respondent’s denial supported?

Findings

1. This dispute involves inpatient hospital facility services rendered from April 22, 2024, through April 24, 2024. The insurance carrier denied the services as the documentation submitted does not support the level of service.

DWC Rule 28 TAC §134.404 applies to medical services provided in an inpatient acute care hospital.

DWC Rule 28 TAC §134.404 (b)(3) defines medical payment policy as, ““Medicare payment policy” means reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

DWC Rule 28 TAC §134.404(d) states in pertinent part, “For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided...”

The review of the submitted medical bill identified DRG code 481—Hip and Femur Procedures Except Major Joint with CC (Complication or Comorbidity). The submitted medical record supports the procedure associated with DRG 481; however, there is insufficient evidence to substantiate a complication or comorbidity. Due to this lack of evidence, the DWC concludes that the carrier’s denial is justified. No payment 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 requester has not established that reimbursement of is due.

Order

Under the 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

Signature

Medical Fee Dispute Resolution Officer

August 22, 2025

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 electrónico CompConnection@tdi.texas.gov.