



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

VHS Brownsville Hospital

**Respondent Name**

LM Insurance Corp

**MFDR Tracking Number**

M4-26-2089-01

**Insurance Carrier's Austin Representative**

BOX 60 Downs Stanford PC

**DWC Date Received**

March 26, 2026

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 11 – 24, 2025	Outpatient Hospital Charges	\$2,725.79	\$0.00
<b>Total</b>		\$2,725.79	\$0.00

### Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Reconsideration" dated June 18, 2025 that states, "We have received payment in the amount of \$24,163.38 with \$00.00 as patient responsibility. We are requesting an additional \$2,725.79. After review, we realized that there is a denial for outpatient services, due to the implant charge(s) not being paid. Since implant charges were billed, reimbursement is based off Texas Fee Schedule and the provided implant invoice".

**Amount In Dispute:** \$2,725.79

### Respondent's Position

"We have completed an additional review of the payment for services rendered between April 11, 2025, and April 14, 2025[sic]. Our review confirms that reimbursement was issued in accordance with the Texas Medical Fee Schedule guidelines. The applicable Medicare reimbursement amount is

\$12,018.69, calculated at 200%, resulting in a total allowable amount of \$24,163.38. Therefore, no additional payment is due at this time”.

**Response Submitted By:** Liberty Mutual

## 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.
3. 28 TAC Section [133.10](#) sets out the requirements for a complete medical bill.

### Adjustment Reasons

- 4915 – The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly. Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 243 – The charge for this procedure was not paid since the value of this procedure is included/bundled within value of another procedure performed.
- Illegible – Charge for this procedure exceeds the OPPS schedule allowance.
- B13 – Previously paid. Payment for this claim/service may have been provided in previous payment.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Was the bill submission of requesting separate implant reimbursement met?
3. Has DWC determined whether the requester is due reimbursement?

### Findings

1. The requester is seeking reimbursement of outpatient hospital services rendered in April of 2025 in the amount of \$2,725.79. The submitted DWC60 lists amounts in dispute for revenue codes 250, 278, 300, 320, 360 370 and 636. However, the submitted request for reconsideration indicates only reimbursement for the implants provided in the amount of \$2,725.79 is requested.

2. 28 TAC 134.10(f)(2)(QQ) states, remarks (UB-04/field 80) are required when separate reimbursement for surgically implanted devices is requested. Review of the submitted medical bill copy found no separate request for reimbursement was made on the submitted medical bill.
3. DWC finds that the requirements for requesting separate implant reimbursement are not met, as a result, no additional reimbursement is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 additional reimbursement for the disputed services.

### **Authorized Signature**

		April 8, 2026
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 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).