



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health Huguley

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-25-1867-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 14, 2025

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| January 23, 2025 | 96372 | \$96.02 | \$0.00 |
| January 23, 2025 | 72100 | \$32.67 | \$0.00 |
| January 23, 2025 | 99284 | \$313.53 | \$0.00 |
| Total | | \$442.22 | \$0.00 |

Requestor's Position

The requestor submitted the following from a document titled "Reconsideration" dated April 9, 2025. "According to TX Workers Compensation Fee Schedule the expected reimbursement for DOS 1/23/2025 is \$1,291.64. Please note that Outpatient services should be reimbursed at 200% GARR. Previous payment received totaled \$853.45. Please reprocess and remit payment for remaining balance due."

Amount in Dispute: \$442.22

Respondent's Position

"Our bill audit company has determined no further payment is due."

Response submitted by: Gallagher Bassett

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 §134.403](#) sets out the rules and fee guidelines for outpatient hospital services.

Denial Reasons

- 00663 – Reimbursement has been calculated based on the state guidelines.
- 197 – Precertification/authorization/notification/ore-treatment absent.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- P5 – Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement.
- TX360 – Allowance for this procedure was made at the usual and customary amount for this geographical area.
- TX370 – This hospital outpatient allowance was calculated according to the APC rate, plus a markup.
- TX616 – This code has a status Q APC indicator and is packaged into other APC codes that have been identified by CMS.
- TX975 – This line item was reviewed using the fair health charge benchmark database module based on the provider geographic area.
- XXJ49 – The allowance for this line has been summed with other allowances on the bill and re-distributed evenly.
- XXU00 – There was no UR procedure/treatment request received.

Issues

1. What is the rule applicable to reimbursement?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking additional payment of emergency room services rendered in January of 2025. The insurance carrier reduced the payment based on packaging and the workers' compensation fee schedule.

DWC Rule 28 TAC §134.403 (d) requires Texas workers' compensation system participants when coding, billing, reporting and reimbursement to apply Medicare payment policies in effect on the date of service.

The Medicare payment policy applicable to the services in dispute is found at www.cms.gov, Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC).

DWC Rule 28 TAC §134.403 (e)(2) states in pertinent part, regardless of billed amount, if no contracted fee schedule exists that complies with Labor Code §413.011, the maximum allowable reimbursement (MAR) amount under subsection (f) of this section including any applicable outlier payment amounts and reimbursement for implantables.

DWC Rule 28 TAC §134.403 (f) states in pertinent part the reimbursement calculation used for establishing the MAR shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the *Federal Register*.

The sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by: (A) 200 percent; unless (B) a facility or surgical implant provider requests separate reimbursement in accordance with subsection (g) of this section, in which case the facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 130 percent. Review of the submitted medical bill found a request for implants is not applicable.

The Medicare facility specific amount is calculated when the APC payment rate is multiplied by 60% to determine the labor portion. This amount is multiplied by the facility wage index for the date of service. The non-labor amount is determined when the APC payment rate is multiplied by 40%. The sum of the labor portion multiplied by the facility wage index and the non-labor portion determines the Medicare specific amount. Review of the submitted medical bill and the applicable fee guidelines referenced above are shown below.

- Procedure code 96372 has a status indicator of Q1 and is packaged into primary code 99284 with a status indicator of V.
- Procedure code 72100 has a status indicator of Q1 and is packaged into primary code 99284 with a status indicator of V.
- Procedure code 99284 has status indicator J2 when service is rendered in addition to 8 or more hours observation billed. This medical bill did not contain observation services,

this code does not meet the criteria for comprehensive observation and is assigned APC 5024 with a status indicator of V.

The OPPS Addendum A rate is \$425.82 multiplied by 60% for an unadjusted labor amount of \$255.49, in turn multiplied by facility wage index 0.9256 for an adjusted labor amount of \$236.48.

The non-labor portion is 40% of the APC rate, or \$170.33.

The sum of the labor and non-labor portions is \$406.81.

The Medicare facility specific amount is \$406.81 multiplied by 200% for a MAR of \$813.62.

2. The total recommended reimbursement for the disputed services is \$813.62. The insurance carrier paid \$853.45. Additional payment is not 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 additional reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 23, 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.