



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Doctors Hospital at Renaissance

Respondent Name

Amtrust Insurance Co.

MFDR Tracking Number

M4-25-2022-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

April 29, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 26, 2024	15240	\$1,608.06	\$0.00
September 26, 2024	94640	\$376.16	\$0.00
September 26, 2024	96374	\$378.00	\$0.00
September 26, 2024	Outpatient Facility Services	\$0.00	\$0.00
Total		\$2,362.22	\$0.00

Requestor's Position

Excerpt from Request for Reconsideration dated March 19, 2025: "After reviewing the account we have concluded that reimbursement received was inaccurate. Based on CPT Code 26952, allowed amount of \$2854.21, multiplied at 200%, CPT Code 15240, allowed amount of \$804.03, multiplied at 200%, CPT Code 94640, allowed amount of \$188.08, multiplied at 200% and CPT Code 96374, allowed amount of \$189.00, multiplied at 200% reimbursement should be \$8,076.64. Payment received \$5,708.42 thus, according to these calculations; there is a pending payment in the amount of \$2,368.22."

Amount in Dispute: \$2,362.22

Respondent's Position

"This hospital outpatient allowance was calculated according to the APC rate plus a markup. In conclusion, Requestor is not owed any additional reimbursement for the outpatient procedure performed on 9/26/2024."

Response submitted by: Downs & Stanford, P.C.

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 fee guidelines for outpatient hospital services.

Adjustment Reasons

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

- 618 - THE VALUE OF THIS PROCEDURE IS PACKAGED INTO THE PAYMENT OF OTHER SERVICES PERFORMED ON THE SAME DATE OF SERVICE.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 370 - THIS HOSPITAL OUTPATIENT ALLOWANCE WAS CALCULATED ACCORDING TO THE APC RATE, PLUS A MARKUP.
- 18 & 224 – EXACT DUPLICATE CLAIM/SERVICE; DUPLICATE CHARGE.

Issues

1. What rules apply to the services in dispute?
2. Is the requestor entitled to reimbursement for procedure code 15240?
3. Is the requestor entitled to reimbursement for procedure codes 94640 and 96374?

Findings

1. This medical fee dispute involves outpatient facility charges rendered on September 26, 2024.

DWC Rule 28 TAC §134.403, which sets out the fee guidelines for outpatient hospital services, states in pertinent part, "(d) 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 with any additions or exceptions specified in this section..."

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 (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 following minimal modifications shall be applied. (1) 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...”

2. The requestor is seeking reimbursement in the amount of \$1,608.06 for procedure code 15240 rendered on September 26, 2024.

On the date of service in dispute, the requestor rendered outpatient surgical services billed under procedure code 26952, previously reimbursed and not in dispute. Per Medicare OPPS Addendum B, this code has an APC status indicator of J1, for outpatient comprehensive packaging.

Per the Centers for Medicare and Medicaid (CMS) Integrated Outpatient Code Editor, for codes designated with payment status indicator J1, a single payment is provided for the primary service, and payment for all adjunctive services reported on the same claim are packaged into the payment for the primary service.

On the disputed date of service, the requestor also rendered an outpatient surgical service billed under the disputed procedure code 15240. Per Medicare OPPS Addendum B, this code has an APC status indicator of T. As discussed above, on the same date of service, the requestor rendered outpatient surgical services billed under procedure code 26952, which is found to have an APC status indicator of J1, for outpatient comprehensive packaging. Consequently, DWC finds the procedure code 26952 to be the only payable code in this disputed claim, under which all other services billed on the same claim are packaged for payment.

Per the explanation of benefits, the insurance carrier previously issued reimbursement in the amount of \$5,708.42 for the comprehensive procedure code 26952, rendered on September 26, 2024. DWC finds that the reimbursement for procedure code 26952 is not in dispute.

DWC finds that the disputed procedure code 15240 is packaged under the previously reimbursed and undisputed procedure code 26952. Therefore, the requestor is not entitled to reimbursement for the disputed procedure code 15240.

3. The requestor is seeking reimbursement in the amount of \$376.16 for procedure code 94640

and in the amount of \$378.00 for procedure code 96374, rendered on September 26, 2024. Per Medicare OPPS Addendum B, these codes are found to have APC status indicators of Q1 and S, respectively.

As discussed in finding number two, on the same date of service, the requestor rendered outpatient surgical services billed under procedure code 26952, which is found to have an APC status indicator of J1, for outpatient comprehensive packaging. Consequently, DWC finds the procedure code 26952 to be the only payable code in this disputed claim, under which all other services billed on the same claim are packaged for payment.

Per the explanation of benefits, the insurance carrier previously issued reimbursement in the total amount of \$5,708.42 for the comprehensive procedure code, 26952, rendered on September 26, 2024. DWC finds that the reimbursement for procedure code 26952 is not in dispute.

For the reasons indicated above, DWC finds that the requestor is not entitled to additional reimbursement for the disputed procedure codes 15240, 94640 and 96374 rendered on September 26, 2024.

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 that the requestor has not established that additional reimbursement is due.

Order

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

Authorized Signature

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	May 28, 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.