



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Methodist Midlothian Medical

Respondent Name

Ace American Insurance Co

MFDR Tracking Number

M4-25-3021-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

July 22, 2025

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|-------------------|-------------------|-------------------|------------|
| December 27, 2024 | Emergency visit | \$1,251.88 | \$1,251.22 |

Requester's Position

"Requesting review of unpaid date of service."

Amount in Dispute: \$1,251.88

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for bill review audit and payment. Supplemental response will be provided once the bill auditing company has finalized their review."

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

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 247/90202/B13 – A payment or denial has already been recommended for this service
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- 4097 – Paid per fee schedule; charge adjusted because statute dictates allowance is greater than providers charge.
- 6183 – The charge for the services represented by the revenue code are included/bundled into the total facility payment and do not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment.
- 6340 – Charge for this procedure exceeds the OPPS schedule allowance.

Issues

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

Findings

1. The requester is seeking reimbursement of outpatient emergency room services rendered in December of 2024. The insurance made reduced payment stating packing, exceeds OPPS allowance and 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)(1)(A) 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: 200 percent;

Review of the submitted documentation found no evidence of a contract and the submitted medical bill did not contain a request for separate implant reimbursement.

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 73130 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V. This code is packaged into code 99283.
- Procedure code 13131 has status indicator T. This code is assigned APC 5052. The OPPS Addendum A rate is \$379.92 multiplied by 60% for an unadjusted labor amount of \$227.95, in turn multiplied by facility wage index 0.9382 for an adjusted labor amount of \$213.86.

The non-labor portion is 40% of the APC rate, or \$151.97.

The sum of the labor and non-labor portions is \$365.83.

The Medicare facility specific amount is \$365.83 multiplied by 200% for a MAR of \$731.66.

- Procedure code 96372 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V. This code is packaged into code 99283.
- Procedure code 99283 has status indicator J2 when services involve 8 or more hours observation. The submitted medical bill did not contain charges for observation. This code is assigned APC 5023. The OPPS Addendum A rate is \$271.85 multiplied by 60% for an unadjusted labor amount of \$163.11, in turn multiplied by facility wage index 0.9382 for an adjusted labor amount of \$153.03.

The non-labor portion is 40% of the APC rate, or \$108.74.

The sum of the labor and non-labor portions is \$261.77.

The Medicare facility specific amount is \$261.77 multiplied by 200% for a MAR of \$523.54.

- Procedure code 90715 has status indicator N, for packaged codes integral to the total service package with no separate payment.
- Procedure code 90471 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V. This code is packaged into code 99283.

2. The total recommended reimbursement for the disputed services is \$1,255.20. The insurance carrier paid \$3.98. The amount due is \$1,251.22. This amount is recommended.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that respondent must remit to Methodist Midlothian Medical \$1,251.22 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

Authorized Signature

| | | |
|-----------|--|--------------------|
| | | September 30, 2025 |
| 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 §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.