



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Synergy Chiropractic

Respondent Name

Harris Health System

MFDR Tracking Number

M4-07-3406-01

Carrier's Austin Representative

Box Number 21

MFDR Date Received

February 1, 2007

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Pre-authorization obtained."

Amount in Dispute: \$1,469.01

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Harris & Harris represents Harris County Hospital District in this matter."

Response Submitted by: Harris & Harris, 5900 Southwest Parkway, Building II, Austin, TX 78735

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 22, 2006 through April 7, 2006	Physical Therapy Services	\$1,469.01	\$1,206.61

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.202 sets out fee guidelines for professional medical services.
3. 28 Texas Administrative Code §134.600 sets out the guidelines for prospective and concurrent review of health care.
4. 28 Texas Administrative Code §129.5 sets out guidelines for work status reports.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 131 – Claim specific negotiated discount.
 - 397 – Allowance is based on utilization review pre-authorization.
 - 213 – The charge exceeds the scheduled value and/or parameters that would appear reasonable.
 - W1 – Workers compensation state fee schedule adjustment.

Issues

1. Are the disputed services subject to a contractual agreement between the parties to this dispute?

2. Was prior authorization obtained?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code d) In all cases, reimbursement shall be the least of the: (1) MAR amount as established by this rule; (2) health care provider's usual and customary charge; or, (3) health care provider's workers' compensation negotiated and/or contracted amount that applies to the billed service(s). The carrier denied the disputed charges as 131 – “Claim specific negotiated discount.” No documentation was provided in regards to support that a reimbursement rate was negotiated between the worker’s compensation insurance carrier and the health care provider prior to the services being rendered; therefore 28 Texas Administrative Code §134.202(d)(3) does not apply. The services in dispute will be reviewed per applicable fee guidelines.
2. Per 28 Texas Administrative Code §134.600(p) “Non-emergency health care requiring preauthorization includes: (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to: (i) Modalities, both supervised and constant attendance; (ii) Therapeutic procedures, excluding work hardening and work conditioning; (iii) Orthotics/Prosthetics Management; (iv) Other procedures, limited to the unlisted physical medicine and rehabilitation procedure code;” Review of the submitted documentation finds;
 - a. Notice of Utilization Review Decision 199909 – “Certified Service(s): Physical therapy 3 wk for 4 wks 02/21/06 – 03/21/06”
 - b. Notice of Utilization Review Decision 202091 – “Certified Service(s): Physical Therapy x 9 sessions 3/20/2006 – 4/10/2006

The Utilization Review Decision states “physical therapy” and does not distinguish by CPT code services or the number of units per procedure that are approved or denied. Therefore, the services denied as, 397 – “Allowance is based on utilization review pre-authorization” is not supported. The services in dispute will be reviewed per applicable fee guidelines.

3. Per 28 Texas Administrative Code §134.202(c)(1) states in pertinent part, “for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%.”

Date of Service	Submitted Code	Units	Billed Amount	Carrier Paid	MAR Physician fee schedule allowable for Houston, Texas multiplied by 125%
February 22, 2006	97110	2	\$76.00	34.23	\$28.69 x 125% = \$35.86x 2 = \$71.72
February 22, 2006	97140	1	45.00	0.00	\$26.66 x 125% = \$33.33
February 23, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
February 23, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
February 23, 2006	97139	1	40.00	0.00	Unlisted procedure no documentation to support fee
February 24, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
February 24, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
February 24, 2006	97139	1	40.00	0.00	Unlisted procedure no documentation to support fee
February 28, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
February 28, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
February 28, 2006	97139	1	40.00	0.00	Unlisted procedure no documentation to support fee
March 3, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March 3, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 3, 2006	97139	1	40.00	0.00	Unlisted procedure no documentation to support fee
March7, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March7, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 7, 2006	97139	1	40.00	0.00	Unlisted procedure no documentation to support fee
March 9, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March 9, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 9, 2006	97139	1	40.00	0.00	Unlisted procedure no documentation to support fee
March 10, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March 10, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 13, 2006	99080	1	15.00	0.00	\$15.00 (per 28 Texas Administrative Code 129.5)

March 13, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 13, 2006	97139	1	40.00	34.00	Unlisted procedure no documentation to support fee
March 15, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March 15, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 15, 2006	97112	2	76.00	74.33	\$29.73 x 125% = \$37.16 x 2 = 74.32
March 17, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March 17, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 20, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March 20, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 22, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March 22, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 24, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March 24, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 27, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March 27, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
March 29, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
March 29, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
April 5, 2006	97110	2	76.00	30.48	\$28.69 x 125% = \$35.86x 2 = \$71.72
April 5, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
April 6, 2006	99213	1	70.00	57.15	\$53.79 x 125% = \$67.24
April 6, 2006	97110	2	76.00	30.48	\$28.69 x 125% = \$35.86x 2 = \$71.72
April 6, 2006	97112	2	76.00	63.17	\$29.73 x 125% = \$37.16 x 2 = 74.32
April 6, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
April 7, 2006	97110	2	76.00	35.86	\$28.69 x 125% = \$35.86x 2 = \$71.72
April 7, 2006	97124	1	30.00	0.00	\$22.81 x 125% = \$28.51
		Total	\$2,564.00	861.74	\$2,068.35

The total MAR for the disputed services is \$2,068.35. The carrier previously paid \$861.74. The remaining balance is \$1,206.61. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,206.61.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,206.61 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Peggy Miller
Medical Fee Dispute Resolution Officer

August 28, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.