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 and Address

SELECT PHYSICAL THERAPY
PO BOX 2034
MECHANICSBURG PA 17055

Respondent Name
Texas Mutual

Carrier's Austin Representative Box
Box Number 54

MFDR Tracking Number
M4-12-1835-01

MFDR Date Received
January 30, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "…The above dates denied the 97022 code because it was not billed as an "unlisted" modality. Fluidotherapy is a superficial heating modality that consists of a dry whirlpool of finely divided solid particles suspended in a heated air stream. Since fluidotherapy is considered a dry whirlpool, the correct CPT code for this modality is 97022 (whirlpool)."

Amount in Dispute: $206.22

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor asserts the use of the code is appropriated because fluidotherapy is a dry whirlpool used as a superficial heating modality. The requestor provides no authoritative source to supports its contention."

Response Submitted by: Texas Mutual Insurance Co

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 18 and 24, 2011 June 13,15,21,24 and 27, 2011	Physical Therapy	$206.22	$206.22

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 a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out requirements for medical bill submission by health care providers.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

- CAC-15 – CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.
- 225 – THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED. WE WILL RE-EVALUATE THIS UPON RECEIPT OF CLARIFYING INFORMATION.
- 714 – ACCURATE CODING IS ESSENTIAL FOR REIMBURSEMENT. CPT/HCPCS BILLED INCORRECTLY. SERVICES ARE NOT REIMBURSABLE.
- 747 – FLUIDOTHERAPY MUST BE BILLED USING AN UNLISTED MODALITY CPT CODE 97022 IS TO BE USED FOR WHIRLPOOL SERVICES ONLY.

Issues

1. Did the requestor submit disputed service with appropriate code?
2. Is the requestor entitled to reimbursement?

Findings

1. The carrier denied the services in dispute as, 747 – "FLUIDOTHERAPY MUST BE BILLED USING AN UNLISTED MODALITY CPT CODE 97022 IS TO BE USED FOR WHIRLPOOL SERVICES ONLY." Per 28 Texas Administrative Code §133.20(c) A health care provider shall include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitting medical bills. Review of the Centers for Medicare and Medicaid Services, National Coverage Decision, Part 2, Section 150.8, titled "Fluidized Therapy Dry Heat for Certain Musculoskeletal Disorders", states: "Fluidized therapy is a high intensity heat modality consisting of a dry whirlpool of finely divided solid particles suspended in a heated air stream, the mixture having the properties of a liquid." The carrier's decision is not supported therefore; these services will be reviewed per applicable rules and fee guidelines.
2. 28 Texas Administrative Code §134.203(c) is the applicable division fee schedule for calculation of the maximum allowable reimbursement for the services in disputed. For services in 2011, the maximum allowable reimbursement and is calculated as follows:
    - Procedure code 97022, service date May 18, 24,2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.17 multiplied by the geographic practice cost index (GPCI) for work of 1.012 is 0.17204. The practice expense (PE) RVU of 0.42 multiplied by the PE GPCI of 0.992 is 0.41664. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 1.131 is 0.01131. The sum of 0.59999 is multiplied by the Division conversion factor of $54.54 for a MAR of $32.73. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at $32.73.
    - Procedure code 97022, service date May 24, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.17 multiplied by the geographic practice cost index (GPCI) for work of 1.012 is 0.17204. The practice expense (PE) RVU of 0.42 multiplied by the PE GPCI of 0.992 is 0.41664. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 1.131 is 0.01131. The sum of 0.59999 is multiplied by the Division conversion factor of $54.54 for a MAR of $32.73. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at $32.73.
    - Procedure code 97022, service date June 13, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.17 multiplied by the geographic practice cost index (GPCI) for work of 1.012 is 0.17204. The practice expense (PE) RVU of 0.42 multiplied by the PE GPCI of 0.992 is 0.41664. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 1.131 is 0.01131. The sum of 0.59999 is multiplied by the Division conversion factor of $54.54 for a MAR of $32.73. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense.

Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at $32.73

- Procedure code 97022, service date June 15, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.17 multiplied by the geographic practice cost index (GPCI) for work of 1.012 is 0.17204. The practice expense (PE) RVU of 0.42 multiplied by the PE GPCI of 0.992 is 0.41664. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 1.131 is 0.01131. The sum of 0.59999 is multiplied by the Division conversion factor of $54.54 for a MAR of $32.73. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at $32.73.
- Procedure code 97022, service date June 21, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.17 multiplied by the geographic practice cost index (GPCI) for work of 1.012 is 0.17204. The practice expense (PE) RVU of 0.42 multiplied by the PE GPCI of 0.992 is 0.41664. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 1.131 is 0.01131. The sum of 0.59999 is multiplied by the Division conversion factor of $54.54 for a MAR of $32.73. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at $32.73.
- Procedure code 97022, service date June 24, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.17 multiplied by the geographic practice cost index (GPCI) for work of 1.012 is 0.17204. The practice expense (PE) RVU of 0.42 multiplied by the PE GPCI of 0.992 is 0.41664. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 1.131 is 0.01131. The sum of 0.59999 is multiplied by the Division conversion factor of $54.54 for a MAR of $32.73. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at $32.73.
- Procedure code 97022, service date June 27, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.17 multiplied by the geographic practice cost index (GPCI) for work of 1.012 is 0.17204. The practice expense (PE) RVU of 0.42 multiplied by the PE GPCI of 0.992 is 0.41664. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 1.131 is 0.01131. The sum of 0.59999 is multiplied by the Division conversion factor of $54.54 for a MAR of $32.73. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at $32.73.

3. The total allowable reimbursement for the services in dispute is $229.11. The amount previously paid by the insurance carrier is $0.00. The requestor is seeking additional reimbursement in the amount of $206.22. 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 $206.22.

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 $206.22 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		February 26, 2014
Signature	Medical Fee Dispute Resolution Officer	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.