



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

INJURY-1 TREATMENT CENTER

Respondent Name

NEW HAMPSHIRE INSURANCE CO

MFDR Tracking Number

M4-12-1927-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

FEBRUARY 3, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The claims were denied stating Duplicate Billing, When calling CORVEL, I was told the adjuster had to release for payment, that there had been recommended payment and they could not do anything that I needed to speak to the adjuster."

Amount in Dispute: \$1,079.69

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "There is an extent of injury dispute involving this file. A benefit review conference is currently scheduled for February 21, 2012 regarding the extent of injury issue. The carrier has accepted a thumb contusion injury. The treatment in question was provided more than 2 years after the date of injury, and the carrier submits the treatment offered was not related to the compensable injury."

Response Submitted by: FLAHIVE, OGDEN & LATSON

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 6, 2011	CPT Code 97535 – Self-care/home management training	\$41.69	\$41.69
July 6, 2011 through July 14, 2011	CPT Code 97110	\$1,038.00	\$1,038.00

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.240 sets out the procedures for medical payments and denials.
- 28 Texas Administrative Code §134.600 sets out the procedures for obtaining preauthorization.
- 28 Texas Administrative Code §134.203 sets out the procedures for reimbursement.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 216 – Based on the findings of a review organization.

- B13 – Payment for service may have been previously paid.
- RO1 – Duplicate Billing.

Issues

1. Were the services rendered denied for an extent of injury issue?
2. Did the requestor obtain preauthorization?
3. Is the requestor entitled to reimbursement?

Findings

1. To determine whether such an extent-of-injury or related dispute existed at the time any particular medical fee dispute was filed with the Division and whether it was related to the same service, the applicable former version of 28 Texas Administrative Code §133.240(e)(1), (2)(C), and (g) addressed actions that the insurance carrier was required to take, during the medical bill review process, when the insurance carrier determined that the medical service was not related to the compensable injury: 31 TexReg 3544, 3558 (April 28, 2006). Those provisions, in pertinent parts, specified: Former 133.240(e)(1), (2)(C), and (g): The insurance carrier shall send the explanation of benefits in the form and manner prescribed by the Division The explanation of benefits shall be sent to: (1) the health care provider when the insurance carrier makes payment or denies payment on a medical bill; and (2) the injured employee when payment is denied because the health care was: ... (C) unrelated to the compensable injury, in accordance with §124.2 of this title,... (g) An insurance carrier shall have filed, or shall concurrently file, the applicable notice required by Labor Code §409.021, and §124.2 and §124.3 of this title ... if the insurance carrier reduces or denies payment for health care provided based solely on the insurance carrier's belief that... (3) the condition for which the health care was provided was not related to the compensable injury. Review of the documentation finds that the respondent has not supported their position; therefore, the disputed dates of service will be reviewed in accordance with Division rules.
2. The respondent denied the services using denial code 216 – “Based on the findings of a review organization”; B13 – “Payment for service may have been previously paid”; and RO1 – “Duplicate Billing.” Review of the documentation submitted by the requestor finds that preauthorization was requested and obtained in accordance with 28 Texas Administrative Code §134.600 as reflected in the preauthorization approval dated June 30, 2011; furthermore, the respondent has not submitted any documentation to support the payment for services were previously paid or the requestor has submitted duplicate billings. Therefore, the disputed dates of service will be review in accordance with 28 Texas Administrative Code §134.203(b)(1) and (c)(1) as follows:
 - DOS: July 6, 2011; CPT Code 97353: $(54.54 \div 33.9764) \times \$31.31 \times 1 \text{ unit} = \50.25 ; the requestor is seeking \$41.69; therefore, reimbursement in the amount of \$41.69 is recommended.
 - Procedure code 97110, service date July 6, 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 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.41 multiplied by the PE GPCI of 0.943 is 0.38663. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.9355 is 0.009355. The sum of 0.845985 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$46.14. 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 \$46.14. The PE reduced rate is \$41.92 at 4 units is \$167.68. The total is \$213.82. The requestor is seeking reimbursement of \$207.60; therefore, reimbursement in the amount of \$207.60 is recommended.
 - Procedure code 97110, service date July 7, 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 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.41 multiplied by the PE GPCI of 0.943 is 0.38663. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.9355 is 0.009355. The sum of 0.845985 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$46.14. 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 \$46.14. The PE reduced rate is \$41.92 at 4 units is \$167.68. The total is \$213.82. The requestor is seeking reimbursement of \$207.60; therefore, reimbursement in the amount of \$207.60 is recommended.

- Procedure code 97110, service date July 8, 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 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.41 multiplied by the PE GPCI of 0.943 is 0.38663. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.9355 is 0.009355. The sum of 0.845985 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$46.14. 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 \$46.14. The PE reduced rate is \$41.92 at 4 units is \$167.68. The total is \$213.82. The requestor is seeking reimbursement of \$207.60; therefore, reimbursement in the amount of \$207.60 is recommended.
- Procedure code 97110, service date July 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 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.41 multiplied by the PE GPCI of 0.943 is 0.38663. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.9355 is 0.009355. The sum of 0.845985 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$46.14. 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 \$46.14. The PE reduced rate is \$41.92 at 4 units is \$167.68. The total is \$213.82. The requestor is seeking reimbursement of \$207.60; therefore, reimbursement in the amount of \$207.60 is recommended.
- Procedure code 97110, service date July 14, 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 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.45. The practice expense (PE) RVU of 0.41 multiplied by the PE GPCI of 0.943 is 0.38663. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.9355 is 0.009355. The sum of 0.845985 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$46.14. 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 \$46.14. The PE reduced rate is \$41.92 at 4 units is \$167.68. The total is \$213.82. The requestor is seeking reimbursement of \$207.60; therefore, reimbursement in the amount of \$207.60 is recommended.

3. Review of the submitted documentation finds that the requestor has supported reimbursement in accordance with the fee guideline.

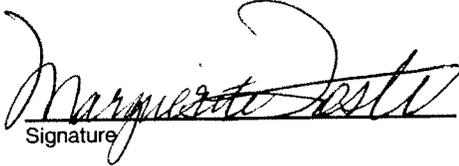
Conclusion

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 \$1079.69.

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 \$1,079.69 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature


Signature

Marguerite Foster
Medical Fee Dispute Resolution Officer

November 13, 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.