



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

ELITE HEALTHCARE GARLAND

Respondent Name

TRAVELERS INDEMNITY CO

MFDR Tracking Number

M4-14-1300-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

JANUARY 9, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary taken from February 11, 2014 Additional Documentation update: "...The carrier did pay in full dates of service 10/10/2013- 10/16/2013. The July dates of service are still in dispute as the carrier has not paid in full..."

Amount in Dispute: \$1,628.16

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier has already reimbursed the disputed amounts. As noted above, the Provider submitted requests for reconsideration for which the Carrier issued additional reimbursements in the total amount of \$1,971.36 for dates of service at issue."

Response Submitted by: TRAVELERS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 17, 2013 July 18, 2013 July 22, 2013 July 25, 2013	CPT Code 97110	\$420.48	\$256.64
July 17, 2013 through October 16, 2013	CPT Code 97140	\$0.00	\$0.00
October 10, 2013 through October 16, 2013	CPT Code 97110		

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 §134.203 sets out the guidelines for reimbursement of professional services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 119 – Benefit maximum for this time period has been reached.

- 168 – Exceeds daily maximum PT allowance.
- W3 - The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day.
- 1014 – Denial of original billing correct.

Issues

1. Did the requestor receive reimbursement for the disputed services?
2. Are the remaining disputed services eligible for reimbursement?
3. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 the respondent issued reimbursement for CPT Code 97110 for dates of service October 10, 2013 through October 16, 2013 and reimbursement for CPT Code 97140 for dates of service July 17, 2013 through October 16, 2013. The requestor submitted additional information to support the reimbursement and contends that \$420.48 still remains in dispute.

The respondent did not issue reimbursement for CPT Code 97110 for dates of service July 17, 2013 through July 25, 2013. Therefore, the Division will review CPT Code 97110 for dates of service July 17, 2013 through July 25, 2013 in accordance with Division Rules and the Labor Code.

2. The insurance carrier denied the disputed services using denial codes 119 – “Benefit maximum for this time period has been reached”; 168 – “Exceeds daily maximum PT allowance”; W3 – “The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day”; and 1014 – “Denial of original billing correct.” Review of the information submitted by the respondent finds no documentation to support the denials. The requestor has submitted a preauthorization approval for “Physical Therapy X 6” for dates of service July 11, 2013 through August 11, 2013. Therefore, the disputed dates of service were reviewed in accordance with Texas Administrative Code §134.203(b)(1) and (c)(1) and reimbursement is as follows:

- Procedure code 97110, service date July 17, 2013, 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 1.009 is 0.45405. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.017 is 0.48816. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.834 is 0.00834. The sum of 0.95055 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.57. 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 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$39.07 at 4 units is \$156.28. The respondent reimbursed the requestor \$105.12; therefore reimbursement in the amount of \$64.16 (\$156.28 - \$105.12) is recommended.
- Procedure code 97110, service date July 18, 2013, 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 1.009 is 0.45405. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.017 is 0.48816. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.834 is 0.00834. The sum of 0.95055 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.57. 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 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$39.07 at 4 units is \$156.28. The respondent reimbursed the requestor \$105.12; therefore reimbursement in the amount of \$64.16 (\$156.28 - \$105.12) is recommended.
- Procedure code 97110, service date July 22, 2013, 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 1.009 is

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- Procedure code 97110, service date July 25, 2013, 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 1.009 is 0.45405. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.017 is 0.48816. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.834 is 0.00834. The sum of 0.95055 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.57. 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 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$39.07 at 4 units is \$156.28. The respondent reimbursed the requestor \$105.12; therefore reimbursement in the amount of \$64.16 (\$156.28 - \$105.12) is recommended.

3. Review of the submitted documentation finds that reimbursement in the amount of \$256.64 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 \$256.64.

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 \$256.64 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 7, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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