



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 FORT WORTH

Respondent Name

POLY AMERICA LP

MFDR Tracking Number

M4-14-1357-01

Carrier's Austin Representative

Box Number: 11

MFDR Date Received

JANUARY 15, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as stated in a letter dated January 13, 2014: "I wasn't sure on how to fill out dispute form. So, I went by what they actually paid for the CPT code 97113 and what is still owed for the code. Carrier shall not withdraw a preauthorization or concurrent review approval once issued."

Amount in Dispute: \$418.40

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on January 23, 2014. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 17, 2013 July 18, 2013	CPT Code 97113	\$418.40	\$283.56

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 §134.203 sets out the guidelines for medical fee reimbursement.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - W1 – Workers Compensation State Fee Schedule Adjustment.
 - N6 – One hydrotherapy modality is coverable each day for the sole purpose of relieving muscle spasm, inflammation or edema.
 - 01 – The charge for the procedure exceeds the amount indicated in the fee schedule.

- 19 – Percertification/authorization/notification absent.

Issues

1. Did the requestor obtain preauthorization?
2. Is the requestor entitled to reimbursement?

Findings

1. Upon reconsideration, the respondent denied the services using denial code 19 – “Percertification/authorization/notification absent.” Review of the documentation submitted by the respondent finds that the denial is not supported. The requestor in this dispute received preauthorization on July 15, 2013; the requested and approved treatment was “Additional Post-op Right Ankle/Foot PT 6 essoins [sic] to include Aquatic Exercises 4 units (97113 x 4); Neuromuscular Re-Education 2 units (97112 x2 [sic]); and Manual Therapy 2 units (97140 x 2) w/ PT Sessions/week to taper down.” Therefore, CPT code 97113 will be reviewed in accordance with 28 Texas Administrative Code §134.203(b).
 - Procedure code 97113, 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 0.44 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.44. The practice expense (PE) RVU of 0.83 multiplied by the PE GPCI of 0.979 is 0.81257. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.826 is 0.00826. The sum of 1.26083 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$69.72. 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 has the highest PE for this date. The first unit is paid at \$69.72. The PE reduced rate is \$47.26 at 3 units is \$141.78. The total is \$211.50. The respondent reimbursed the requestor \$69.72; therefore, reimbursement in the amount of \$141.78 is due.
 - Procedure code 97113, 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 0.44 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.44. The practice expense (PE) RVU of 0.83 multiplied by the PE GPCI of 0.979 is 0.81257. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.826 is 0.00826. The sum of 1.26083 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$69.72. 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 has the highest PE for this date. The first unit is paid at \$69.72. The PE reduced rate is \$47.26 at 3 units is \$141.78. The total is \$211.50. The respondent reimbursed the requestor \$69.72; therefore, reimbursement in the amount of \$141.78 is due.
2. Review of the submitted documentation finds that reimbursement in the amount of \$283.56 (\$141.78 x 2 dates of service) is due.

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 \$283.56.

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 \$283.56 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

June 23, 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.