



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

Pain & Recovery Clinic - North

Respondent Name

Association Casualty Insurance

MFDR Tracking Number

M4-14-1907-01

Carrier's Austin Representative

Box Number 53

MFDR Date Received

February 27, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We respectfully asked the carrier to carefully evaluate our bills and recognize that we have properly billed and documented the compensable injury. As a result the reconsideration was denied.

Amount in Dispute: \$16,540.66

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Given the nature of the treatment, diagnoses, and bills, the Provider was not treating the compensable right shoulder sprain/strain/contusion; rather, it was treating the unrelated post surgical and psychological diagnoses; therefore, this MDR request should be dismissed."

Response Submitted by: Hoffman Kelley

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 1, 2013 through December 16, 2013	Physical Therapy / Work Hardening	\$16,540.66	\$10,993.59

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 fee guidelines for medical professional services.
- 28 Texas Administrative Code §134.600 sets out requirements for prior authorization of medical services.
- 28 Texas Administrative Code §134.204 sets out fee guidelines for workers' compensation specific services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 38 – Services not provided or authorized by designated (network/primary care) providers
 - W9 – Unnecessary medical treatment based on peer review
 - 62 – Payment denied-reduced for absence of, or exceeded, pre-certification/authorization
 - 193 – Original payment decision is being maintained

Issues

1. Did the respondent raise a new issue?
2. Was prior authorization obtained?
3. What is the applicable rule regarding fee guidelines?
4. Is the requestor entitled to reimbursement?

Findings

1. In its response to medical fee dispute resolution, the respondent states that “Given the nature of the treatment, diagnoses, and bills, the Provider was not treating the compensable right shoulder sprain/strain/contusion; rather, it was treating the unrelated post surgical and psychological diagnoses.” Applicable 28 Texas Administrative Code §133.307 (d)(2)(F) states “The response shall address only those denial reasons presented to the requestor prior to the date the request for MDR was filed with the Division and the other party. Any new denial reasons or defenses raised shall not be considered in the review.” Review of the Explanation of Benefits from the Carrier finds use of “38 – Services not provided or authorized by designated (network/primary care) providers and W9 – Unnecessary medical treatment based on peer review.” The division concludes that the respondent raised a new denial reason. For that reason, the carrier’s position regarding the treatment, “the Provider was not treating the compensable right shoulder sprain/strain/contusion; rather, it was treating the unrelated post surgical and psychological diagnoses. Will not be considered in this review.”
2. The carrier denied the disputed services as, 38 – “Services not provided or authorized by designated (network/primary care) providers” and 62 – “Payment denied-reduced for absence of, or exceeded, pre-certification/authorization.” Review of the submitted documentation finds the following documents to Gouher Wali, MD, Pain & Recovery Clinic of North Houston;
 - Forte – Notice of utilization review dated July 16, 2013, states: “Services Requested and Forte Recommendation: Authorization of outpatient post operative physical therapy (PT) to the right shoulder three (3) times per week over four (4) weeks consisting of therapeutic exercises, neuromuscular re-education and manual therapy, no more than four (4) units per session. Authorization dates from 07/15/13 to 08/31/13... The medical necessity for the requested procedure has been met per the above ODG guidelines.
 - Forte – Notice of utilization review dated August 15, 2013, states: “Services Requested and Forte Recommendation: Authorization of outpatient physical therapy (PT) to the right shoulder for three (3) times a week for four (4) weeks consisting of therapeutic exercise, neuromuscular re-education, and manual therapy for no more than four (4) units per session valid from 08/15/13 to 9/16/13. ...The medical necessity for the request for physical therapy has been met per the above ODG guidelines. Therefore, the requested physical therapy is recommended.
 - Forte – Notice of utilization review dated September 17, 2013, states: “Services requested and Forte Recommendation: Authorization of extension of dates of service until 9/30/13 for Outpatient physical therapy (PT) to the right should for one (1) remaining session consisting of therapeutic exercise, neuromuscular re-education (re-ed), and manual therapy for no more than four (4) units per session (9/16/13 – 9/30/13).
 - Forte – Notice of utilization review dated September 30, 2013, states: “The request as written is not medically reasonable and necessary and therefore is not authorized. The request is modified with agreement to: an additional six (6) sessions of physical therapy two times a week for three weeks (2 x 3) consisting of: therapeutic exercises, neuromuscular re-education and manual therapy, not to exceed more than four (4) units per session, which is medically reasonable and necessary and therefore is authorized.
 - Forte – Notice of utilization review dated October 30, 2013, states: Services requested and Forte recommendation: Authorization of outpatient work hardening eight (80) hours from 10/29/13 to 11/29/13

28 Texas Administrative Code §134.600(l) states in pertinent part, “The insurance carrier shall not withdraw a preauthorization or concurrent utilization review approval once issued.” The disputed services were prior authorized prior to providing the disputed health care with the exception of Date of Service, October 18, 2013 for code 90791, “Psychiatric diagnostic evaluation.” No documentation was found to support these services were authorized. Therefore, the Carrier’s denial is supported for this date of service/procedure combination but not for the physical therapy services. The eligible services in dispute will be reviewed per applicable rules and fee guidelines based on the “units” authorized by Forte.

3. 28 Texas Administrative Code §134.203(c)(1) states in pertinent parts, (c) "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications." (c) (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (current year conversion factor found at www.cms.hhs.gov)." The Maximum Allowable Reimbursement (MAR) calculation is as follows: (2013 DWC Conversion Factor / Medicare Conversion Factor) x Non-Facility Price or as follows;

- Procedure code 97110, service date August 1, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date August 1, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date August 1, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date August 1, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date August 6, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.

- Procedure code 97140, service date August 6, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
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- Procedure code 97014, service date August 6, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date August 7, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
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- Procedure code 97014, service date August 7, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date August 9, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
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- Procedure code 97014, service date August 23, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date August 27, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date August 27, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date August 27, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date August 27, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date August 28, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.

- Procedure code 97140, service date August 28, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date August 28, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date August 28, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date August 30, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date August 30, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date August 30, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.

- Procedure code 97014, service date August 30, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date September 3, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date September 3, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date September 3, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date September 3, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date September 4, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.

- Procedure code 97140, service date September 4, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date September 4, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date September 4, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date September 6, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date September 6, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.

- Procedure code 97112, service date September 6, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date September 6, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date September 9, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date September 9, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date September 9, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.

- Procedure code 97014, service date September 9, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date September 10, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date September 10, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date September 10, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date September 10, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date September 12, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date September 12, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.

- Procedure code 97112, service date September 12, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date September 12, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date September 16, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date September 16, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date September 16, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The

malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.

- Procedure code 97014, service date September 16, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date October 3, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date October 3, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date October 3, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date October 3, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date October 4, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424

is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.

- Procedure code 97140, service date October 4, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date October 4, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date October 4, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date October 7, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date October 7, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was

eligible for reimbursement. The PE reduced rate is \$36.69.

- Procedure code 97112, service date October 7, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date October 7, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date October 8, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date October 8, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date October 8, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date October 8, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.

- Procedure code 97110, service date October 10, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date October 10, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.
- Procedure code 97112, service date October 10, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date October 10, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- Procedure code 97110, service date October 16, 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 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
- Procedure code 97140, service date October 16, 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 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is

0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. 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 subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The provider submitted for 2 units however, only one unit was eligible for reimbursement. The PE reduced rate is \$36.69.

- Procedure code 97112, service date October 16, 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 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. 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 subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$51.80.
- Procedure code 97014, service date October 16, 2013, was not included in prior authorization, carrier's denial is supported. No additional payment recommended.
- The total allowable reimbursement for the services referenced above is \$3,825.59.

28 Texas Administrative Code §134.204 (h) states the following, "The following shall be applied to Return To Work Rehabilitation Programs for billing and reimbursement of Work Conditioning/General Occupational Rehabilitation Programs, Work Hardening/Comprehensive Occupational Rehabilitation Programs, Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs, and Outpatient Medical Rehabilitation Programs. To qualify as a Division Return to Work Rehabilitation Program, a program should meet the specific program standards for the program as listed in the most recent Commission on Accreditation of Rehabilitation Facilities (CARF) Medical Rehabilitation Standards Manual, which includes active participation in recovery and return to work planning by the injured employee, employer and payor or carrier. (1) Accreditation by the CARF is recommended, but not required. (A) If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR. (B) If the program is not CARF accredited, the only modifier required is the appropriate program modifier. The hourly reimbursement for a non-CARF accredited program shall be 80 percent of the MAR." The remaining services in dispute are for work hardening. These services were authorized for 80 hours from 10/29/13 to 11/29/13 and 80 hours from 11/18/2013 to 12/18/2013. The maximum allowable reimbursement for these authorized services will be calculated as follows; 28 Texas Administrative Code §134.204 (h) (3) states, "For Division purposes, Comprehensive Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Hardening. (A) The first two hours of each session shall be billed and reimbursed as one unit, using CPT Code 97545 with modifier "WH." Each additional hour shall be billed using CPT Code 97546 with modifier "WH." CARF accredited Programs shall add "CA" as a second modifier. (B) Reimbursement shall be \$64 per hour. Units of less than one hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes."

Date of Service	Submitted Code	Number of units	MAR
November 5, 2013	97545, WH	1	\$64 x 80% = \$51.20
November 5, 2013	97546, WH	4.5 6.5 total hours for date of service	\$64 x 80% = \$51.20 x 4 = \$204.80 \$51.20 ÷ 4 = \$12.80 x (2 units) = \$25.60 \$204.80 + 25.60 = \$230.40

November 6, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 6, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 7, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 7, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 8, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 8, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 11, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 11, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 12, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 12, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 13, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 13, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 14, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 14, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 15, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 15, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40

November 18, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 18, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 19, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 19, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 20, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 20, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 21, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 21, 2013	97546, WH	2 3 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 2 = \$102.40$
November 25, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 25, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 26, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 26, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
November 27, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
November 27, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
December 2, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
December 2, 2013	97546, WH	4 6 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$

December 3, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
December 3, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
December 4, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
December 4, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
December 5, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
December 5, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
December 9, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
December 9, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
December 10, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
December 10, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
December 11, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
December 11, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
December 12, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
December 12, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40
December 13, 2013	97545, WH	1	$\$64 \times 80\% = \51.20
December 13, 2013	97546, WH	4.5 6.5 total hours for date of service	$\$64 \times 80\% = \$51.20 \times 4 = \$204.80$ $\$51.20 \div 4 = \$12.80 \times (2 \text{ units}) = \25.60 $\$204.80 + 25.60 = \230.40

December 16, 2013	97545, WH	1	\$64 x 80% = \$51.20
December 16, 2013	97546, WH	4.5 6.5 total hours for date of service	\$64 x 80% = \$51.20 x 4 = \$204.80 \$51.20 ÷ 4 = \$12.80 x (2 units) = \$25.60 \$204.80 + 25.60 = \$230.40
		TOTAL	Total = \$7,168.00

4. The total allowable amounts for the services in disputed is (\$7,168.00 + 3,825.59) = \$10,993.59. 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 \$10,993.59.

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 \$10,993.59 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

March 12, 2015
Date

Signature

Medical Fee Dispute Resolution Manager

March 12, 2015
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.