



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

Travelers Indemnity Company of Connecticut

MFDR Tracking Number

M4-14-3129-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

June 13, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am resubmitting the claim for payment for the following reasons: THIS IS NOT A DUPLICATE CLAIM/SERVICE. Patient has authorization for physical therapy. Carrier is not paying according to the authorization. Carrier shall not withdraw a preauthorization or concurrent review approval once issued. I'm taking the next step to get the rest of these claims paid and sending all documentation I have to MDR. THESE ARE NOT DUPLATES. All other claims have been paid at 100%. Therefore, these claims should be paid in full."

Amount in Dispute: \$1498.75

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider contends they are entitled to additional reimbursement. The Carrier has reviewed the claim and determined the Provider is entitled to supplemental reimbursement under the Division fee schedule for the disputed services. Supplemental reimbursement is being issued in accordance with the Division-adopted medical fee schedule.

With the supplemental reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement. The Carrier, therefore, respectfully requests the Provider withdraw this Request for Medical Fee Dispute Resolution upon receipt of the supplemental reimbursement, or in the alternative, that the Division determine no additional reimbursement is due for this service."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 10 – April 8, 2014	Physical Therapy (97140, 97112, & 97110) Evaluation & Management, Established Pt (99213) Radiology (76881) Return to Work (99080)	\$1498.75	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

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 fee guidelines for billing and reimbursing professional services.
3. 28 Texas Administrative Code §129.5 sets out the procedures for billing and reimbursing Work Status Reports.
4. 28 Texas Administrative Code §133.240 sets out the procedures for payment and denial of medical bills.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Date of service 3/10/14:

- 119 – Significant, identifiable E/M Svc
- 168 – Exceeds daily maximum pt allowance
- W3 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- B13 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- 247 – Duplicative service
- 18 - Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- DUPP – Billed svc/proc has been prev reimb based on an earlier submission.
- 947 – R03-Upheld-No additional allowance has been recommended

Date of service 3/11/14:

- 119 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- 168 – Exceeds daily maximum pt allowance
- B13 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- 247 – Duplicative service
- W1 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- W3 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- 1001 – Based on information, we recommend further payment
- P12 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- 863 – Reimbursement is based on the applicable reimbursement fee schedule.

Dates of service 3/20-3/25/14:

- 119 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- 168 – Exceeds daily maximum pt allowance
- B13 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- 247 – Duplicative service
- W3 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]

Date of service 3/31/14:

- 119 – Significant, identifiable E/M Svc
- 168 – Exceeds daily maximum pt allowance
- W3 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- B13 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- 247 – Duplicative service
- P12 – R03-Upheld-No additional allowance has been recommended
- 1001 – Based on information, we recommend further payment
- 863 – Reimbursement is based on the applicable reimbursement fee schedule.

Dates of service 3/27-4/8/14:

- 16 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- W1 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- 119 – Extent of injury. Not finally adjudicated.
- 309 – Charge exceeds fee schedule allowance
- W12 – Extent of injury. Not finally adjudicated.
- 168 – Exceeds daily maximum pt allowance
- 56 – Significant, identifiable E/M Svc
- B13 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]
- 247 – Duplicative service
- W3 – Undefined [28 Texas Administrative Code §133.240 (f)(H)]

Issues

1. Is there an unresolved extent of injury issue?
2. What is the correct MAR for the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier initially denied dates of service 3/27/14, 4/7/14, and 4/8/14 for "Extent of injury. Not finally adjudicated." Review of the submitted documentation finds that the insurance did not maintain this denial, making payments on each billed code for these dates of service. Therefore, there is not an unresolved extent of injury issue relating to this dispute.
2. Procedure code 97110, service date March 10, 2014, 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 1.002 is 0.4509. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.987 is 0.43428. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.00799. The sum of 0.89317 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$49.79. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$37.69 at 4 units is \$150.76.

Procedure code 97140, service date March 11, 2014, 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 1.002 is 0.43086. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.987 is 0.3948. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.00799. The sum of 0.83365 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$46.48. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$35.47 at 2 units is \$70.94.

Procedure code 97110, service date March 11, 2014, 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 1.002 is 0.4509. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.987 is 0.43428. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.00799. The sum of 0.89317 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$49.79. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$37.69 at 4 units is \$150.76.

Procedure code 97140, service date March 20, 2014, 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 1.002 is 0.43086. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.987 is 0.3948. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.00799. The sum of 0.83365 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$46.48. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$35.47 at 2 units is \$70.94.

Procedure code 97110, service date March 20, 2014, 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 1.002 is 0.4509. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.987 is 0.43428. The malpractice RVU of 0.01 multiplied by the malpractice

GPCI of 0.799 is 0.00799. The sum of 0.89317 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$49.79. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$37.69 at 4 units is \$150.76.

Procedure code 97140, service date March 25, 2014, 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 1.002 is 0.43086. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.987 is 0.3948. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.00799. The sum of 0.83365 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$46.48. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$35.47 at 2 units is \$70.94.

Procedure code 97110, service date March 25, 2014, 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 1.002 is 0.4509. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.987 is 0.43428. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.00799. The sum of 0.89317 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$49.79. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$37.69 at 4 units is \$150.76.

Procedure code 97110, service date March 31, 2014, 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 1.002 is 0.4509. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.987 is 0.43428. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.00799. The sum of 0.89317 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$49.79. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$37.69 at 4 units is \$150.76.

Procedure code 76881, service date March 27, 2014, 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 0.63 multiplied by the geographic practice cost index (GPCI) for work of 1.002 is 0.63126. The practice expense (PE) RVU of 2.67 multiplied by the PE GPCI of 0.987 is 2.63529. The malpractice RVU of 0.05 multiplied by the malpractice GPCI of 0.799 is 0.03995. The sum of 3.3065 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$184.34.

Procedure code 97140, service date April 7, 2014, 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 1.002 is 0.43086. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 0.987 is 0.3948. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.00799. The sum of 0.83365 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$46.48. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$35.47 at 2 units is \$70.94.

Procedure code 97112, service date April 7, 2014, 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 1.002 is 0.4509. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 0.987 is 0.47376. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.00799. The sum of 0.93265 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$52.00. 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 \$52.00. The PE reduced rate is \$38.79. The total is \$90.79.

Procedure code 97110, service date April 7, 2014, 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 1.002 is 0.4509. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.987 is 0.43428. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.00799. The sum of 0.89317 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$49.79. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$37.69 at 4 units is \$150.76.

Procedure code 99213, service date April 8, 2014, 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 0.97 multiplied by the geographic practice cost index (GPCI) for work of 1.002 is 0.97194. The practice expense (PE) RVU of 1 multiplied by the PE GPCI of 0.987 is 0.987. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.799 is 0.05593. The sum of 2.01487 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

Procedure code 99080, service date April 8, 2014, represents a Work Status Report with reimbursement determined per §129.5 (i). The MAR for this service is \$15.00.

3. The total allowable for the disputed services is \$1590.78. Review of the submitted documentation finds that the insurance carrier paid \$1677.17. The requestor is not entitled to further reimbursement. See the table below for details:

Per DWC60			Per EOBs		Per Fee Schedule
DOS	CPT Code	Amt Billed	Amt Pd	Date Pd	Allowable
3/10/2014	97110	\$199.20	\$99.60 \$99.60	3/21/2014 6/27/2014	\$150.76
3/11/2014	97140	\$92.94	\$92.94 \$92.94	6/24/2014 8/18/2014	\$70.94
3/11/2014	97110	\$199.20	\$99.60	3/21/2014	\$150.76
3/20/2014	97140	\$92.94	\$92.94	6/24/2014	\$70.94
3/20/2014	97110	\$199.20	\$99.60	4/11/2014	\$150.76
3/25/2014	97140	\$92.94	\$92.94	6/24/2014	\$70.94
3/25/2014	97110	\$199.20	\$99.60	4/11/2014	\$150.76
3/31/2014	97110	\$199.20	\$99.60 \$99.60	4/11/2014 8/18/2014	\$150.76
3/27/2014	76881	\$198.46	\$184.34	6/27/2014	\$184.34
4/7/2014	97140	\$92.94	\$92.94	6/27/2014	\$70.94
4/7/2014	97112	\$104.00	\$104.00	6/27/2014	\$90.79
4/7/2014	97110	\$199.20	\$99.60	6/27/2014	\$150.76
4/8/2014	99213	\$112.33	\$112.33	6/27/2014	\$112.33
4/8/2014	99080	\$15.00	\$15.00	6/27/2014	\$15.00
Total		\$1,996.75	\$1,677.17		\$1,590.78

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

	Laurie Garnes	February 27, 2015
Signature	Medical Fee Dispute Resolution Officer	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.