TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
HCAA Medical Group

Respondent Name
Granite State Insurance Company

MFDR Tracking Number
M4-15-3062-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
May 18, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "… payments were not correct according to the authorization that was obtained."

Amount in Dispute: $1631.98

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on May 27, 2015. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 24 – November 20, 2014	Physical Therapy (97110, 97530, 97140, 97002, G8978, G8979)	$1631.98	$841.43

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the guidelines for billing and reimbursing professional medical services.
3. Texas Insurance Code §1305 provides the guidelines for workers' compensation health care networks.
4. Texas Labor Code §413.011 defines how fee guidelines may be enacted.

5. Texas Labor Code §413.0115 defines networks within the workers' compensation system.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 45 – Charges exceed your contracted/legislated fee arrangement.
   - PPN – Day rate or fee schedule met
   - Workers' Compensation State Fee Schedule Adjustment.
   - Your billing has been reviewed using the Correct Coding Initiative (CCI) edits. A procedure code has been billed which was rendered out of the context for which it was intended; the service would not typically be performed with other procedure(s) billed on this date. Or, a service has been billed which is mutually exclusive of the other service(s) billed on the same date, and cannot reasonably be expected to be performed in the same session.
   - Since procedure code 97140 includes several modalities, all with different indications, documentation of the diagnosis or condition of the patient and a description of the services rendered must be submitted.
   - Procedure code was invalid on the date of service.
   - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
   - This procedure is not a valid fee schedule service.
   - A PPO reduction was made for this bill and/or the bill was repriced according to a negotiated rate.
   - Workers' compensation jurisdictional fee schedule adjustment.
   - The charge for the procedure exceeds the amount indicated in the fee schedule.
   - This charge was not reflected in the report as one of the procedures/services performed.

Issues

1. Does the Division of Workers' Compensation (the Division) have jurisdiction to review this dispute?
2. Are the insurance carrier's reasons for denial or reduction of payment for dates of service October 24 – November 17, 2014 and November 20, 2014 supported?
3. Are the insurance carrier's reasons for denial or reduction of payment for procedure code 97530-GP-59, date of service November 19, 2014 supported?
4. Are the insurance carrier's reasons for denial or reduction of payment for procedure code 97110-GP-59, date of service November 19, 2014 supported?
5. Are the insurance carrier's reasons for denial or reduction of payment for procedure code 97140-GP-59, date of service November 19, 2014 supported?
6. What is the Maximum Allowable Reimbursement (MAR) for the disputed services?
7. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier indicated on the submitted explanations of benefits that the disputed services may have been provided through a network, listed on the explanation of benefits as MedRisk. A review of the networks certified by the Division of Workers' Compensation does not find that Med Risk is a certified network allowed to contract for rates within the workers' compensation system in Texas. Therefore, The Division has jurisdiction to review this dispute in accordance with 28 Texas Administrative Code §133.307.

2. The insurance carrier denied dates of services October 24 – November 17, 2014 and November 20, 2014 with claim adjustment codes 45 – "CHARGES EXCEED YOUR CONTRACTED/LEGISLATED FEE ARRANGEMENT," and PPN – "Day Rate or Fee Schedule Met." Texas Labor Code §413.011 (d-4) states,

   > Notwithstanding this section or any other provision of this title, an insurance carrier, an insurance carrier's authorized agent, or a network certified under Chapter 1305, Insurance Code, arranging for non-network services or out-of-network services under Section 1305.006, Insurance Code, may continue to contract with a health care provider to secure health care for an injured employee for fees that exceed the fees adopted by the division under this section.

   The statutes in this section that applied to the formation of informal and voluntary networks expired January 1, 2011 with 80(R) HB 473. Further, Texas Labor Code §413.0115 (b) states, "Not later than January 1, 2011, each informal network or voluntary network must be certified as a workers' compensation health care network under Chapter 1305, Insurance Code."

Review of the submitted documentation does not find a contract certified under Chapter 1305, Insurance Code and the fees involved are below the fee schedule defined by 28 Texas Administrative Code §134.203. Therefore, the insurance carrier's denial for this reason is not supported. The disputed services will therefore be reviewed in accordance with applicable Division rules and fee guidelines.

3. The insurance carrier denied disputed procedure code 97530-GP-59, date of service November 19, 2014, with claim adjustment notation that stated,

   > Your billing has been reviewed using the Correct Coding Initiative (CCI) edits. A procedure code has been billed which was rendered out of the context for which it was intended; the service would not typically be performed with other procedure(s) billed on this date. Or, a service has been billed which is mutually exclusive of the other service(s) billed on the same date, and cannot reasonably be expected to be performed in the same session.

   28 Texas Administrative Code §134.203 (b) states,

   > For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

   Medicare does indicate CCI edits for this procedure with CPT Code 97140 billed for the same date of service. Medicare rules indicate that modifiers may be allowed to permit payment when appropriate. Medicare describes the appropriate use of modifier 59 in relevant part, stating it

   > … is used appropriately for two services described by timed codes provided during the same encounter only when they are performed sequentially… If two timed services are provided in time periods that are separate and distinct and not interspersed with each other…, modifier 59 may be used to identify the services.

   Review of the submitted documentation supports that the services were performed sequentially. Therefore, the insurance carrier's denial for this reason is not supported.

   The insurance carrier also denied this service stating, "Procedure code was invalid on the date of service," and "This procedure is not a valid fee schedule service." Medicare shows this CPT Code to be an active code for this date of service. Therefore, the insurance carrier's denial for this reason is not supported. The disputed services will therefore be reviewed per applicable Division rules and fee guidelines.

4. The insurance carrier denied disputed procedure code 97110-GP-59, date of service November 19, 2014, with claim adjustment notation that stated, "A PPO reduction was made for this bill and/or the bill was repriced according to a negotiated rate." Texas Labor Code §413.011 (d-4) states,

   > Notwithstanding this section or any other provision of this title, an insurance carrier, an insurance carrier's authorized agent, or a network certified under Chapter 1305, Insurance Code, arranging for non-network services or out-of-network services under Section 1305.006, Insurance Code, may continue to contract with a health care provider to secure health care for an injured employee for fees that exceed the fees adopted by the division under this section.

   The statutes in this section that applied to the formation of informal and voluntary networks expired January 1, 2011 with 80(R) HB 473. Further, Texas Labor Code §413.0115 (b) states, "Not later than January 1, 2011, each informal network or voluntary network must be certified as a workers' compensation health care network under Chapter 1305, Insurance Code."

   Review of the submitted documentation does not find a contract certified under Chapter 1305, Insurance Code and the fees involved are below the fee schedule defined by 28 Texas Administrative Code §134.203. Therefore, the insurance carrier's denial for this reason is not supported. The disputed services will therefore be reviewed in accordance with applicable Division rules and fee guidelines.

5. The insurance carrier denied disputed procedure code 97140-GP-59, date of service November 19, 2014, with claim adjustment notations that stated, "Since procedure code 97140 includes several modalities, all

with different indications, documentation of the diagnosis or condition of the patient and a description of the services rendered must be submitted," and "This charge was not reflected in the report as one of the procedures/services performed."

Documentation requirements are established by 28 Texas Administrative Code §133.210 which describes the documentation required to be submitted with a medical bill. 28 Texas Administrative Code §133.210 does not require documentation to be submitted with the medical bill for the services in dispute.

Further, the process for a carrier's request of documentation not otherwise required by 28 Texas Administrative Code §133.210 is described in section (d) of that section as follows:

> Any request by the insurance carrier for additional documentation to process a medical bill shall:
> (1) be in writing;
> (2) be specific to the bill or the bill's related episode of care;
> (3) describe with specificity the clinical and other information to be included in the response;
> (4) be relevant and necessary for the resolution of the bill;
> (5) be for information that is contained in or in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider;
> (6) indicate the specific reason for which the insurance carrier is requesting the information; and
> (7) include a copy of the medical bill for which the insurance carrier is requesting the additional documentation.

Submitted documentation does not find that the carrier made an appropriate request for additional documentation with the specificity required by §133.210(d). The Division concludes that carrier failed to meet the requirements of 28 Texas Administrative Code 133.210(d). The carrier's denial for this reason is not supported. The disputed services will therefore be reviewed in accordance with applicable Division rules and fee guidelines.

6. 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 in accordance with 28 Texas Administrative Code §134.203 by substituting the Division conversion factor. The Division conversion factor for 2014 is $55.75.

   CPT Codes G8978 and G8979 are not payable codes, so will not be considered further.

   For CPT Code 97110-GP-59 on October 24, 2014, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.450000. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.916 is 0.403040. 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 reduced PE is 0.201520. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.659580 is multiplied by the Division conversion factor of $55.75 for a total of $36.77. The total MAR for 2 units is $73.54.

   For CPT Code 97530-GP-59 on October 24, 2014, the relative value (RVU) for work of 0.44 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.440000. The practice expense (PE) RVU of 0.53 multiplied by the PE GPCI of 0.916 is 0.485480. 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 reduced PE for subsequent units is 0.242740. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of the calculations for the first unit, 0.933540, is multiplied by the Division conversion factor of $55.75 for a total of $52.04. The sum of the calculations for subsequent units, 0.690800, is multiplied by the Division conversion factor of $55.75 for a total of $38.51. The total MAR for 2 units is $90.55.

   For CPT Code 97140-GP-59 on October 24, 2014, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.430000. The practice expense (PE) RVU of 0.40 multiplied by the PE GPCI of 0.916 is 0.366400. 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 reduced PE is 0.183200. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.621260 is multiplied by the Division conversion factor of $55.75 for a total of $34.64. The total MAR for 1 unit is $36.64.

For CPT Code 97110-GP-59 on November 11, 2014, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.450000. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.916 is 0.403040. 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 reduced PE is 0.201520. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.659580 is multiplied by the Division conversion factor of $55.75 for a total of $36.77. The total MAR for 2 units is $73.54.

For CPT Code 97530-GP-59 on November 11, 2014, the relative value (RVU) for work of 0.44 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.440000. The practice expense (PE) RVU of 0.53 multiplied by the PE GPCI of 0.916 is 0.485480. 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 reduced PE for subsequent units is 0.242740. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of the calculations for the first unit, 0.933540, is multiplied by the Division conversion factor of $55.75 for a total of $52.04. The sum of the calculations for subsequent units, 0.690800, is multiplied by the Division conversion factor of $55.75 for a total of $38.51. The total MAR for 2 units is $90.55.

For CPT Code 97140-GP-59 on November 11, 2014, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.430000. The practice expense (PE) RVU of 0.40 multiplied by the PE GPCI of 0.916 is 0.366400. 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 reduced PE is 0.183200. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.621260 is multiplied by the Division conversion factor of $55.75 for a total of $34.64. The total MAR for 1 unit is $36.64.

For CPT Code 97110-GP-59 on November 12, 2014, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.450000. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.916 is 0.403040. 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 reduced PE is 0.201520. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.659580 is multiplied by the Division conversion factor of $55.75 for a total of $36.77. The total MAR for 2 units is $73.54.

For CPT Code 97530-GP-59 on November 12, 2014, the relative value (RVU) for work of 0.44 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.440000. The practice expense (PE) RVU of 0.53 multiplied by the PE GPCI of 0.916 is 0.485480. 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 reduced PE is 0.242740. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.690800 is multiplied by the Division conversion factor of $55.75 for a total of $38.51. The total MAR for 1 unit is $38.51.

For CPT Code 97140-GP-59 on November 12, 2014, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.430000. The practice expense (PE) RVU of

0.40 multiplied by the PE GPCI of 0.916 is 0.366400. 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 reduced PE is 0.183200. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.621260 is multiplied by the Division conversion factor of $55.75 for a total of $34.64. The total MAR for 1 unit is $36.64.

For CPT Code 97002-GP-59 on November 12, 2014, the relative value (RVU) for work of 0.60 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.600000. The practice expense (PE) RVU of 0.56 multiplied by the PE GPCI of 0.916 is 0.512960. 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 malpractice RVU of 0.03 multiplied by the malpractice GPCI of 0.816 is 0.024480. The sum of 1.137440 is multiplied by the Division conversion factor of $55.75 for a total of $63.41. 28 Texas Administrative Code §134.203 (h) states, in relevant part,

> When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the:
> (1) MAR amount;
> (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; …

For CPT Code 97002-GP-59 on November 12, 2014, the requestor is seeking $53.71. This is the least amount.

For CPT Code 97110-GP-59 on November 13, 2014, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.450000. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.916 is 0.403040. 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 reduced PE is 0.201520. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.659580 is multiplied by the Division conversion factor of $55.75 for a total of $36.77. The total MAR for 2 units is $73.54.

For CPT Code 97530-GP-59 on November 13, 2014, the relative value (RVU) for work of 0.44 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.440000. The practice expense (PE) RVU of 0.53 multiplied by the PE GPCI of 0.916 is 0.485480. 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 reduced PE for subsequent units is 0.242740. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of the calculations for the first unit, 0.933540, is multiplied by the Division conversion factor of $55.75 for a total of $52.04. The sum of the calculations for subsequent units, 0.690800, is multiplied by the Division conversion factor of $55.75 for a total of $38.51. The total MAR for 2 units is $90.55.

For CPT Code 97140-GP-59 on November 13, 2014, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.430000. The practice expense (PE) RVU of 0.40 multiplied by the PE GPCI of 0.916 is 0.366400. 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 reduced PE is 0.183200. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.621260 is multiplied by the Division conversion factor of $55.75 for a total of $34.64. The total MAR for 1 unit is $36.64.

For CPT Code 97110-GP-59 on November 17, 2014, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.450000. The practice expense (PE) RVU of

0.44 multiplied by the PE GPCI of 0.916 is 0.403040. 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 reduced PE is 0.201520. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.659580 is multiplied by the Division conversion factor of $55.75 for a total of $36.77. The total MAR for 2 units is $73.54.

For CPT Code 97530-GP-59 on November 17, 2014, the relative value (RVU) for work of 0.44 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.440000. The practice expense (PE) RVU of 0.53 multiplied by the PE GPCI of 0.916 is 0.485480. 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 reduced PE for subsequent units is 0.242740. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of the calculations for the first unit, 0.933540, is multiplied by the Division conversion factor of $55.75 for a total of $52.04. The sum of the calculations for subsequent units, 0.690800, is multiplied by the Division conversion factor of $55.75 for a total of $38.51. The total MAR for 2 units is $90.55.

For CPT Code 97140-GP-59 on November 17, 2014, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.430000. The practice expense (PE) RVU of 0.40 multiplied by the PE GPCI of 0.916 is 0.366400. 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 reduced PE is 0.183200. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.621260 is multiplied by the Division conversion factor of $55.75 for a total of $34.64. The total MAR for 1 unit is $36.64.

For CPT Code 97110-GP-59 on November 19, 2014, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.450000. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.916 is 0.403040. 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 reduced PE is 0.201520. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.659580 is multiplied by the Division conversion factor of $55.75 for a total of $36.77. The total MAR for 2 units is $73.54.

For CPT Code 97530-GP-59 on November 19, 2014, the relative value (RVU) for work of 0.44 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.440000. The practice expense (PE) RVU of 0.53 multiplied by the PE GPCI of 0.916 is 0.485480. 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 reduced PE for subsequent units is 0.242740. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of the calculations for the first unit, 0.933540, is multiplied by the Division conversion factor of $55.75 for a total of $52.04. The sum of the calculations for subsequent units, 0.690800, is multiplied by the Division conversion factor of $55.75 for a total of $38.51. The total MAR for 2 units is $90.55.

For CPT Code 97140-GP-59 on November 19, 2014, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.430000. The practice expense (PE) RVU of 0.40 multiplied by the PE GPCI of 0.916 is 0.366400. 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 reduced PE is 0.183200. The

malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.621260 is multiplied by the Division conversion factor of $55.75 for a total of $34.64. The total MAR for 1 unit is $36.64.

For CPT Code 97110-GP-59 on November 20, 2014, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.450000. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.916 is 0.403040. 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 reduced PE is 0.201520. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.659580 is multiplied by the Division conversion factor of $55.75 for a total of $36.77. The total MAR for 2 units is $73.54.

For CPT Code 97530-GP-59 on November 20, 2014, the relative value (RVU) for work of 0.44 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.440000. The practice expense (PE) RVU of 0.53 multiplied by the PE GPCI of 0.916 is 0.485480. 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 reduced PE for subsequent units is 0.242740. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of the calculations for the first unit, 0.933540, is multiplied by the Division conversion factor of $55.75 for a total of $52.04. The sum of the calculations for subsequent units, 0.690800, is multiplied by the Division conversion factor of $55.75 for a total of $38.51. The total MAR for 2 units is $90.55.

For CPT Code 97140-GP-59 on November 20, 2014, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.430000. The practice expense (PE) RVU of 0.40 multiplied by the PE GPCI of 0.916 is 0.366400. 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 reduced PE is 0.183200. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.816 is 0.008060. The sum of 0.621260 is multiplied by the Division conversion factor of $55.75 for a total of $34.64. The total MAR for 1 unit is $36.64.

7. The total allowable for the disputed services is $1392.78. The insurance carrier paid $551.35. An additional reimbursement of $841.43 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 $841.43.

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 $841.43 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

	Laurie Garnes	August 31, 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, 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 MFDR 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.