



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

Ultimate Pain Solutions

Respondent Name

New Hampshire Insurance Company

MFDR Tracking Number

M4-15-3573-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 29, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I have tried to get EOB's from the insurance carrier but every time I am told that they cannot release any information..."

Amount in Dispute: \$925.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In review of payments to date it does not appear payment has been made so I have forwarded the charges to our scanning center so they can be approved and forwarded for fee scheduling."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|----------------------------|--|-------------------|------------|
| January 9 – March 30, 2015 | Evaluation & Management, established patient (99213), Work Status Report (99080), and Physical Therapy (97110, 97140, & 97112) | \$925.00 | \$163.94 |

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the fee schedule for professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
No explanations of benefits were found in the submitted documentation.

Issues

1. What are the services in question?
2. Did the requestor support charges for January 9, 2015?
3. Did the insurance carrier deny the charges in question for March 30, 2015?
4. What is the Maximum Allowable Reimbursement for the charges in question?
5. Is the requestor entitled to reimbursement for the charges in question?

Findings

1. The Medical Fee Dispute Resolution Request (DWC060) included the following charges:

- January 9, 2015 – CPT codes 97110, 97140, and 97112
- February 6, 2015 – CPT code 99213
- March 9, 2015 – CPT codes 99213 and 99080
- March 30, 2015 – CPT codes 99213, 97110, and 97140

The requestor verbally confirmed on September 15, 2015 that payment was received for the following charges:

- February 6, 2015 – CPT code 99213
- March 9, 2015 – CPT codes 99213 and 99080
- March 30, 2015 – CPT code 99213

Therefore, the remaining services in question are:

- January 9, 2015 – CPT codes 97110, 97140, and 97112
- March 30, 2015 – CPT codes 97110 and 97140

These will be the only services considered for this dispute.

2. 28 Texas Administrative Code §133.307 (c)(2) states, in relevant part:

(2) The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division... The request shall include: ...

(J) a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter

Review of the submitted documentation does not find a medical bill for date of service January 9, 2015 that includes CPT codes 97110, 97140, and 97112. Therefore, the requestor did not support the charges in question for this date of service.

3. 28 Texas Administrative Code §133.20 (b) states, in relevant part, "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided..." Submitted documentation indicates that the bills were submitted timely to the insurance carrier. The documentation does not include a response from this insurance company.

The respondent stated in their position statement that "This is a claim we inherited as a run-in claim..." The respondent further indicates that they will "escalate the bills for appropriate fee scheduling and payment," and that "supplemental response will be provided once the auditing company has finalized their review." The insurance carrier did not submit a supplemental response for consideration in this dispute.

28 Texas Administrative Code §133.240 (a) states, in relevant part, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter ..., not later than the 45th day after the date the insurance carrier received a complete medical bill..." Submitted documentation does not support that the insurance carrier denied the charges in question. Accordingly, this decision is based on the information available at the time of review, in accordance with applicable rules and fee guidelines.

4. 28 Texas Administrative Code §134.203 (c) states,

To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (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 \$52.83...
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...

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. The Division conversion factor for 2015 is \$56.20.

For CPT Code 97110 on March 30, 2015, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.019 is 0.458550. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.006 is 0.442640. 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 0.221320. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.955 is 0.019100. The sum of the calculations for the first unit, 0.920290, is multiplied by the Division conversion factor of \$56.20 for a total of \$51.72. The sum of the calculations for subsequent units, 0.698970, is multiplied by the Division conversion factor of \$56.20 for a total of \$39.28. The total MAR for 2 units is \$91.00.

For CPT Code 97140 on March 30, 2015, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.019 is 0.438170. The practice expense (PE) RVU of 0.40 multiplied by the PE GPCI of 1.006 is 0.402580. 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 0.201200. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.955 is 0.009550. The sum of 0.648920 is multiplied by the Division conversion factor of \$56.20 for a total of \$36.47. The total MAR for 2 units is \$72.94.

5. The total MAR for the services in question is \$163.94. The insurance carrier paid \$0.00. A reimbursement of \$163.94 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 \$163.94.

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 \$163.94 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

| | | |
|-----------|--|-----------------|
| | Laurie Garnes | October 6, 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.