



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Nader Awwad, D.C.

Respondent Name

Insurance Company of the State of PA

MFDR Tracking Number

M4-15-3730-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

July 14, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am requesting payment for the services that were rendered to [injured employee] between 09/17/2014 to 05/14/2015 in the amount of \$4220."

Amount in Dispute: \$4,220.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In reviewing the report, it is the carrier's position that many of the dates of services are for diagnoses or body parts that have been adjudicated non-compensable."

Response Submitted by: AIG

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: September 17, 2014 - May 14, 2015; Physical Therapy and Evaluation & Management; established patient; \$4,220.00; \$2,204.37

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 §133.210 sets out the documentation requirements for medical bills.
3. 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of a medical bill.
4. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
5. 22 Texas Administrative Code §78.13 defines the scope of practice for chiropractors.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment

reasons:

- Workers’ compensation state fee schedule adjustment.
- The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
- Physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day.
- Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 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/treatment has not been deemed “proven to be effective” by the payer.
- The provider performed a physical medicine modality that would provide no therapeutic benefit during the chronic period of the diagnosed conditions.
- The Federal Tax ID Number entered on the billing form is invalid. Please return this form with the required information.
- The provider has billed for the exact services on a previous bill.

**Issues**

1. What are the services in dispute?
2. Did the requestor appropriately raise compensability for the services in dispute?
3. Does an issue regarding an invalid Federal Tax ID Number exist for this dispute?
4. Are the insurance carrier’s reasons for denial or reduction of payment supported?
5. What is the maximum allowable reimbursement (MAR) for the services in dispute?
6. Is the requestor entitled to additional reimbursement for the services in dispute?

**Findings**

1. The insurance carrier subsequently paid the following services in full, per Explanations of Bill Reviews dated August 6 and 7, 2015. For this reason, these services will not be considered for this dispute:

Date of Service	Procedure Codes	
9/17/2014	99204	
9/29/2014	99213	
10/2/2014	97110	97140
10/6/2014	97110	97140
10/9/2014	97110	97140
10/20/2014	97110	97140
11/4/2014	97110	97140
11/20/2014	97110	97140
11/21/2014	97110	97140
11/25/2014	97110	
12/1/2014	97110	
12/2/2014	97110	
12/4/2014	97110	
12/9/2014	97110	
12/10/2014	97110	
12/11/2014	97110	
12/17/2014	97110	
12/29/2014	97110	
1/5/2015	97110	

The insurance carrier paid the following services in part, citing the fee schedule as the reason for the reduction, per Explanations of Bill Review dated August 6 and 7, 2015. For this reason, these services will be reviewed in accordance with the appropriate fee guidelines in section 5 below:

Date of Service	Procedure Codes
10/2/2014	97032
1/29/2015	99214
5/14/2015	99214

The following services remain in dispute with no payment:

Date of Service	Procedure Codes		
9/29/2014	97110	97140	97032
10/2/2014	99213		
10/6/2014	99213		
10/9/2014	99213		
10/20/2014	99213		
11/4/2014	99213		
11/13/2014	99214		
11/20/2014	99213		
11/21/2014	99213		
11/25/2014	99213	97140	
12/1/2014	99213	97140	
12/2/2014	99213	97140	
12/4/2014	99213	97140	
12/9/2014	99213	97140	
12/10/2014	99213	97140	
12/11/2014	99213	97140	
12/17/2014	99213	97140	
12/29/2014	99213	97140	
1/5/2015	99213	97140	
1/12/2015	99214		

- In their position statement, the insurance carrier asserted that “it is the carrier’s position that many of the dates of services are for diagnoses or body parts that have been adjudicated non-compensable.” 28 Texas Administrative Code §133.307(d)(2)(F) states, in pertinent part:

The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR 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 submitted documentation does not support that a denial for compensability was presented to the requestor prior to the date the request for MFDR was filed. For this reason, the division finds that the insurance carrier did not appropriately raise compensability for the services in question and therefore, will not be considered for this dispute.

- Per Explanation of Bill Review dated March 30, 2015, the insurance carrier denied disputed dates of service September 29, 2014 through January 12, 2015 stating, “The Federal Tax ID Number entered on the billing form is invalid. Please return this form with the required information.”

Review of the submitted information finds that the insurance carrier did not maintain this denial in subsequent reviews or in their position statement. For this reason, the division finds that an issue regarding an invalid Federal Tax ID Number no longer exists for the services in question and will not be considered for this dispute.

4. The insurance carrier denied the disputed dates of service September 29, 2014 through January 12, 2015 stating, "Previously paid. Payment for this claim/service may have been provided in a previous payment." Submitted documentation does not support that the services in dispute were paid in full or in part. The insurance carrier's denial for this reason is not supported.

The insurance carrier denied date of service September 29, 2014, procedure codes 97110 and 97032 stating, "Physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day." Procedure codes 97110 and 97032 represent professional medical services subject to the fee guidelines found in 28 Texas Administrative Code §134.203.

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.

The division finds that Medicare does not include CCI edits regarding procedure codes 97110, 97032, and the evaluation and management code 99213, which was billed and reimbursed for the same date of service. Therefore, the insurance carrier's denial of procedure codes 97110 and 97032 for date of service September 29, 2014 for this reason is not supported.

The insurance carrier denied procedure code 97032 for dates of service September 29 and October 2, 2014 stating, "Procedure/treatment has not been deemed 'proven to be effective' by the payer," and "The provider performed a physical medicine modality that would provide no therapeutic benefit during the chronic period of the diagnosed conditions." Review of the submitted documentation finds that the insurance carrier preauthorized "Chiropractic for the right ankle – 6 visits," effective September 23, 2014 through November 24, 2014. Per 22 Texas Administrative Code §78.13(e)(2)(B), chiropractic care includes "physical and rehabilitative procedures and modalities." The insurance carrier's denial for this reason is not supported.

The insurance carrier denied procedure code 97140 for the following dates of service stating, "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."

- September 29, 2014
- November 25, 2014
- December 1, 2014
- December 2, 2014
- December 4, 2014
- December 9, 2014
- December 10, 2014
- December 11, 2014
- December 17, 2014
- December 29, 2014
- January 5, 2014

Documentation requirements for medical bills are established by 28 Texas Administrative Code §133.210, which does not require documentation to be submitted with the medical bill for the services in question. Further, the process for a carrier's request for documentation not otherwise required by 28 Texas Administrative Code §133.210 is described in Subsection (d) 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.

No documentation was found to support 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). Therefore, the carrier's denial for this reason is not supported.

5. 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 2014 is \$55.75. The Division conversion factor for 2015 IS \$56.20.

For CPT code 97110 on September 29, 2014, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.002 is 0.450900. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.987 is 0.434280. 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 0.217140. The malpractice RVU of 0.01 multiplied by the malpractice (MP) GPCI of 0.799 is 0.007990. The sum of the calculations for the first unit, 0.893170, is multiplied by the Division conversion factor of \$55.75 for a total of \$49.79. The sum of the calculations for subsequent units, 0.676030, is multiplied by the Division conversion factor of \$55.75 for a total of \$37.69. The total MAR for 2 units is \$87.48.

For CPT code 97140 on September 29, 2014, the RVU for work of 0.43 multiplied by the GPCI for work of 1.002 is 0.430860. The PE RVU of 0.40 multiplied by the PE GPCI of 0.987 is 0.39480. 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 0.197400. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.636250 is multiplied by the Division conversion factor of \$55.75 for a total of \$35.47. The total MAR for 1 unit is \$35.47.

For CPT code 97032 on September 29, 2014, the RVU for work of 0.25 multiplied by the GPCI for work of 1.002 is 0.250500. The PE RVU of 0.28 multiplied by the PE GPCI of 0.987 is 0.276360. 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 0.138180. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.396670 is multiplied by the Division conversion factor of \$55.75 for a total of \$22.11. The total MAR for 1 unit is \$22.11.

For CPT code 99213 on October 2, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 97032 on October 2, 2014, the RVU for work of 0.25 multiplied by the GPCI for work of 1.002 is 0.250500. The PE RVU of 0.28 multiplied by the PE GPCI of 0.987 is 0.276360. 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 0.138180. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.396670 is multiplied by the Division conversion factor of \$55.75 for a total of \$22.11. The total MAR for 1 unit is \$22.11.

For CPT code 99213 on October 6, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 99213 on October 9, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 99213 on October 20, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 99213 on November 4, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 99214 on November 13, 2014, the RVU for work of 1.50 multiplied by the GPCI for work of 1.002 is 1.503000. The PE RVU of 1.41 multiplied by the PE GPCI of 0.987 is 1.391670. The MP RVU of 0.10 multiplied by the MP GPCI of 0.799 is 0.079900. The sum of 3.007550 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$165.83.

For CPT code 99213 on November 20, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 99213 on November 21, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 99213 on November 25, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 97140 on November 25, 2014, the RVU for work of 0.43 multiplied by the GPCI for work of 1.002 is 0.430860. The PE RVU of 0.40 multiplied by the PE GPCI of 0.987 is 0.39480. 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 0.197400. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.636250 is multiplied by the Division conversion factor of \$55.75 for a total of \$35.47. The total MAR for 1 unit is \$35.47.

For CPT code 99213 on December 1, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 97140 on December 1, 2014, the RVU for work of 0.43 multiplied by the GPCI for work of 1.002 is 0.430860. The PE RVU of 0.40 multiplied by the PE GPCI of 0.987 is 0.39480. 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 0.197400. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.636250 is multiplied by the Division conversion factor of \$55.75 for a total of \$35.47. The total MAR for 1 unit is \$35.47.

For CPT code 99213 on December 2, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 97140 on December 2, 2014, the RVU for work of 0.43 multiplied by the GPCI for work of 1.002 is 0.430860. The PE RVU of 0.40 multiplied by the PE GPCI of 0.987 is 0.39480. 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 0.197400. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.636250 is multiplied by the Division conversion factor of \$55.75 for a total of \$35.47. The total MAR for 1 unit is \$35.47.

For CPT code 99213 on December 4, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 97140 on December 4, 2014, the RVU for work of 0.43 multiplied by the GPCI for work of 1.002 is 0.430860. The PE RVU of 0.40 multiplied by the PE GPCI of 0.987 is 0.39480. 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 0.197400. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.636250 is multiplied by the Division conversion factor of \$55.75 for a total of \$35.47. The total MAR for 1 unit is \$35.47.

For CPT code 99213 on December 9, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 97140 on December 9, 2014, the RVU for work of 0.43 multiplied by the GPCI for work of 1.002 is 0.430860. The PE RVU of 0.40 multiplied by the PE GPCI of 0.987 is 0.39480. 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 0.197400. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.636250 is multiplied by the Division conversion factor of \$55.75 for a total of \$35.47. The total MAR for 1 unit is \$35.47.

For CPT code 99213 on December 10, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07

multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 97140 on December 10, 2014, the RVU for work of 0.43 multiplied by the GPCI for work of 1.002 is 0.430860. The PE RVU of 0.40 multiplied by the PE GPCI of 0.987 is 0.39480. 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 0.197400. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.636250 is multiplied by the Division conversion factor of \$55.75 for a total of \$35.47. The total MAR for 1 unit is \$35.47.

For CPT code 99213 on December 11, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 97140 on December 11, 2014, the RVU for work of 0.43 multiplied by the GPCI for work of 1.002 is 0.430860. The PE RVU of 0.40 multiplied by the PE GPCI of 0.987 is 0.39480. 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 0.197400. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.636250 is multiplied by the Division conversion factor of \$55.75 for a total of \$35.47. The total MAR for 1 unit is \$35.47.

For CPT code 99213 on December 17, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 97140 on December 17, 2014, the RVU for work of 0.43 multiplied by the GPCI for work of 1.002 is 0.430860. The PE RVU of 0.40 multiplied by the PE GPCI of 0.987 is 0.39480. 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 0.197400. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.636250 is multiplied by the Division conversion factor of \$55.75 for a total of \$35.47. The total MAR for 1 unit is \$35.47.

For CPT code 99213 on December 29, 2014, the RVU for work of 0.97 multiplied by the GPCI for work of 1.002 is 0.971940. The PE RVU of 1.00 multiplied by the PE GPCI of 0.987 is 0.987000. The MP RVU of 0.07 multiplied by the MP GPCI of 0.799 is 0.055930. The sum of 2.014870 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33.

For CPT code 97140 on December 29, 2014, the RVU for work of 0.43 multiplied by the GPCI for work of 1.002 is 0.430860. The PE RVU of 0.40 multiplied by the PE GPCI of 0.987 is 0.39480. 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 0.197400. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.799 is 0.007990. The sum of 0.636250 is multiplied by the Division conversion factor of \$55.75 for a total of \$35.47. The total MAR for 1 unit is \$35.47.

For CPT code 99213 on January 5, 2015, the RVU for work of 0.97 multiplied by the GPCI for work of 1.005 is 0.974850. The PE RVU of 1.01 multiplied by the PE GPCI of 0.995 is 1.004950. The MP RVU of 0.06 multiplied by the MP GPCI of 0.772 is 0.046320. The sum of 2.026120 is multiplied by the Division conversion factor of \$56.20 for a MAR of \$113.87.

For CPT code 97140 on January 5, 2015, the RVU for work of 0.43 multiplied by the GPCI for work of 1.005 is 0.432150. The PE RVU of 0.40 multiplied by the PE GPCI of 0.995 is 0.398000. 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 0.199000. The MP RVU of 0.01 multiplied by the malpractice GPCI of 0.772 is 0.007720. The sum of 0.638870 is multiplied by the Division conversion factor of \$56.20 for a total of \$35.90. The total MAR for 1 unit is \$35.90.

For CPT code 99214 on January 12, 2015, the RVU for work of 1.50 multiplied by the GPCI for work of 1.005 is 1.507500. The PE RVU of 1.43 multiplied by the PE GPCI of 0.995 is 1.422850. The MP RVU of 0.10 multiplied by the MP GPCI of 0.772 is 0.077200. The sum of 3.007550 is multiplied by the Division conversion factor of \$56.20 for a MAR of \$169.02.

For CPT code 99214 on January 29, 2015, the RVU for work of 1.50 multiplied by the GPCI for work of 1.005 is 1.507500. The PE RVU of 1.43 multiplied by the PE GPCI of 0.995 is 1.422850. The MP RVU of 0.10 multiplied by the MP GPCI of 0.772 is 0.077200. The sum of 3.007550 is multiplied by the Division conversion factor of \$56.20 for a MAR of \$169.02.

For CPT code 99214 on May 14, 2015, the RVU for work of 1.50 multiplied by the GPCI for work of 1.005 is 1.507500. The PE RVU of 1.43 multiplied by the PE GPCI of 0.995 is 1.422850. The MP RVU of 0.10 multiplied by the MP GPCI of 0.772 is 0.077200. The sum of 3.007550 is multiplied by the Division conversion factor of \$56.20 for a MAR of \$169.02.

6. Because the insurance carrier’s denials of the services in question are not supported, the requestor is eligible for additional reimbursement for the disputed services. 28 Texas Administrative Code §134.203 states, in relevant part:

- (h) 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; or
  - (3) fair and reasonable amount consistent with the standards of §134.1 of this title.
- (i) Health care providers (HCPs) shall bill their usual and customary charges using the most current Level I (CPT codes) and Level II HCPCS codes. HCPs shall submit medical bills in accordance with the Labor Code and Division rules.

Reimbursement is calculated as follows:

Date of Service	Procedure Codes	MAR	134.203(i)	134.203(h)	Insurance Paid	Reimbursement Due
9/29/2014	97110	\$87.48	\$50.00	\$50.00	\$0.00	\$50.00
9/29/2014	97140	\$35.47	\$30.00	\$30.00	\$0.00	\$30.00
9/29/2014	97032	\$22.11	\$35.00	\$22.11	\$0.00	\$22.11
10/2/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
10/2/2014	97032	\$22.11	\$35.00	\$22.11	\$22.11	\$0.00
10/6/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
10/9/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
10/20/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
11/4/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
11/13/2014	99214	\$165.83	\$125.00	\$125.00	\$0.00	\$125.00
11/20/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
11/21/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
11/25/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
11/25/2014	97140	\$35.47	\$30.00	\$30.00	\$0.00	\$30.00

12/1/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
12/1/2014	97140	\$35.47	\$30.00	\$30.00	\$0.00	\$30.00
12/2/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
12/2/2014	97140	\$35.47	\$30.00	\$30.00	\$0.00	\$30.00
12/4/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
12/4/2014	97140	\$35.47	\$30.00	\$30.00	\$0.00	\$30.00
12/9/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
12/9/2014	97140	\$35.47	\$30.00	\$30.00	\$0.00	\$30.00
12/10/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
12/10/2014	97140	\$35.47	\$30.00	\$30.00	\$0.00	\$30.00
12/11/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
12/11/2014	97140	\$35.47	\$30.00	\$30.00	\$0.00	\$30.00
12/17/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
12/17/2014	97140	\$35.47	\$30.00	\$30.00	\$0.00	\$30.00
12/29/2014	99213	\$112.33	\$90.00	\$90.00	\$0.00	\$90.00
12/29/2014	97140	\$35.47	\$30.00	\$30.00	\$0.00	\$30.00
1/5/2015	99213	\$113.87	\$90.00	\$90.00	\$0.00	\$90.00
1/5/2015	97140	\$35.90	\$30.00	\$30.00	\$0.00	\$30.00
1/12/2015	99214	\$169.02	\$125.00	\$125.00	\$0.00	\$125.00
1/29/2015	99214	\$169.02	\$125.00	\$125.00	\$113.87	\$11.13
5/14/2015	99214	\$169.02	\$125.00	\$125.00	\$113.87	\$11.13
					Total Due	\$2,204.37

**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 \$2,204.37.

***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 in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$2,204.37 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Laurie Garnes  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
June 23, 2016  
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.**