



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

Elite Healthcare Fort Worth

Respondent Name

Indemnity Insurance Company of North America

MFDR Tracking Number

M4-15-3763-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

July 17, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr. Lopez has outlined key components regarding patient's visit ... Work status 73 was paid ... the rule states cannot have work status form without an office visit."

Amount in Dispute: \$169.02

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The office visit on 3/24/15 was in conjunction with physical therapy on the same day. The office visit was not a separate and distinct service performed; it is considered inclusive with the physical therapy performed on the same day by the same health care provider. Therefore, additional reimbursement is not owed."

Response Submitted by: Downs-Stanford, P.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 24, 2015	Evaluation & Management, established patient	\$169.02	\$169.02

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. 22 Texas Administrative Code §78.13 defines the chiropractic scope of practice.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - V136 CV: The office visit is included in the procedure and is not reimbursable.
 - MT02 – Physical Medicine – Chiropractic Services rendered beyond \$5,000.00 since DOI.
 - MT04 – Physical Medicine – Chiropractic Services rendered beyond 90 days from DOI.
 - MT06 – Physical Medicine – Chiropractic Services rendered beyond 15 visits since DOI.

Issues

1. Is the disputed service included in the other procedures billed on the same day?
2. Is there a limit on the disputed services when performed by a chiropractor?
3. What is the Maximum Allowable Reimbursement (MAR) for the disputed service?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services in part, with claim adjustment reason code “97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated,” and “V136 CV: THE OFFICE VISIT IS INCLUDED IN THE PROCEDURE AND IS NOT REIMBURSABLE.” 28 Texas Administrative Code §134.203 states,

(b) 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 rules show that the procedures billed with the disputed service are not subject to CCI edits or global rules. Therefore, the Division finds that the disputed service is not included in the other procedures billed on the same day.

2. The insurance carrier denied disputed services with claim adjustment reason code “MT02 – Physical Medicine – Chiropractic Services rendered beyond \$5,000.00 since DOI,” “MT04 – Physical Medicine – Chiropractic Services rendered beyond 90 days from DOI,” and “MT06 – Physical Medicine – Chiropractic Services rendered beyond 15 visits since DOI.”

28 Texas Administrative Code §134.203 states, “Notwithstanding Medicare payment policies, chiropractors may be reimbursed for services provided within the scope of their practice act.” The chiropractic scope of practice is addressed in 22 Texas Administrative Code §78.13. The scope of practice permits evaluation and management of patients, but does not place a limit by dollar amount, time since date of injury, or number of visits. Therefore, the Division finds that there is not a limit on the disputed services when performed by a chiropractor. The disputed services will therefore be reviewed per applicable Division rules and fee guidelines.

3. 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 99214 on March 24, 2015, the relative value (RVU) for work of 1.50 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 1.507500. The practice expense (PE) RVU of 1.43 multiplied by the PE GPCI of 0.995 is 1.422850. The malpractice RVU of 0.10 multiplied by the malpractice 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.

4. The total MAR for the disputed service is \$169.02. The insurance carrier paid \$0.00. A reimbursement of \$169.02 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 \$169.02.

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 \$169.02 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.