



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

ERIC A. VANDERWERFF, D.C.

Respondent Name

INSURANCE CO OF THE STATE OF PA

MFDR Tracking Number

M4-16-0651-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

November 10, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The physical therapy services rendered on above date of service were pre-authorized by the carrier (see enclosed pre-authorization letter), approved by the insurance carrier and according to the ODG guides, and MUST BE PAID."

Amount in Dispute: \$1,472.25

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "It is the Carrier's position that the 11/6/14, 11/10/14, 11/13/14, 11/24/14, 12/1/14 and 12/4/14 have all been paid. The Carrier has paid \$1,604.49 plus an additional \$338.01 that was issued today for a total of \$1,942.50 as opposed to the \$971.25 that Dr. VanderWerff [sic] has listed on the DWC60. I have attached the payment history record and the Explanation of Bill Review(s) for your review..."

Response Submitted by: AIG Insurance

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: November 6, 2014 through December 4, 2014; 98941, 97112-59-GP, 97110-GP, 97140-59-GP and G0283-GP; \$1,472.25; \$0.00

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 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.

Issues

- 1. Did the insurance carrier issue payment according to 28 Texas Administrative Code §134.203?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for dates of service November 6, 2014, November 10, 2014, November 13, 2014, November 24, 2014, December 1, 2014 and December 4, 2014 in the amount of \$1,472.25.

28 Texas Administrative Code §134.203 (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.”

The requestor billed CPT codes 97112, 97110, 97140 and G0283, considered by Medicare as “Always” therapy codes. Per the **MLN Matters® Number: MM7050**, “Many therapy services are time-based codes, i.e., multiple units may be billed for a single procedure. The Centers for Medicare & Medicaid Services (CMS) is applying a MPPR to the practice expense payment when more than one unit or procedure is provided to the same patient on the same day, i.e., the MPPR applies to multiple units as well as multiple procedures. Full payment is made for the unit or procedure with the highest PE payment. For subsequent units and procedures, furnished to the same patient on the same day, full payment is made for work and malpractice and 80 percent payment for the PE for services furnished in office settings and other non-institutional settings and at 75 percent payment for the PE services furnished in institutional settings... The reduction applies to the HCPCS codes contained on the list of “always therapy” services that are paid under the MPFS, regardless of the type of provider or supplier that furnishes the services...” ‘

As a result, the disputed codes 97112, 97110, 97140 and G0283 are subject to the multiple procedure payment reduction policies set out by Medicare. CPT Code 98941 is not subject to the MPPR and is therefore calculated according to 28 Texas Administrative Code 134.203 (c) (1-2).

2. 28 Texas Administrative Code §134.203 (c) (1-2) states in pertinent part, “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. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (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...”
 - Procedure code 98941, service dates November 6, 2014, November 10, 2014, November 13, 2014, November 24, 2014, December 1, 2014 and December 4, 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 0.71 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 0.71994. The practice expense (PE) RVU of 0.42 multiplied by the PE GPCI of 1.013 is 0.42546. The malpractice RVU of 0.03 multiplied by the malpractice GPCI of 0.803 is 0.02409. The sum of 1.16949 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$65.20 x 6 DOS = MAR \$391.20.

The following calculation took into account Medicare's MPPR.

- Procedure code 97112 for service dates November 6, 2014, November 10, 2014, November 13, 2014, November 24, 2014, December 1, 2014 and December 4, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.013 is 0.48624. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.95057 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$52.99. 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 $\$52.99 \times 6 \text{ DOS} = \text{MAR } \317.94 .
- Procedure code 97110 for service dates November 6, 2014, November 10, 2014, November 13, 2014, November 24, 2014, December 1, 2014 and December 4, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.013 is 0.44572. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.91005 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$50.74. 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 \$38.31 at 4 units is $\$153.24 \times 6 \text{ DOS} = \text{MAR } \919.44 .
- Procedure code 97140 for service dates November 6, 2014, November 10, 2014, November 13, 2014, November 24, 2014, December 1, 2014 and December 4, 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 1.014 is 0.43602. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 1.013 is 0.4052. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.84925 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$47.35. 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 $\$36.05 \times 6 \text{ DOS} = \text{MAR } \216.30 .

Procedure code G0283 for service dates November 6, 2014, November 10, 2014, November 13, 2014, November 24, 2014, December 1, 2014 and December 4, 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 0.18 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 0.18252. The practice expense (PE) RVU of 0.2 multiplied by the PE GPCI of 1.013 is 0.2026. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.39315 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$21.92. 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 \$16.27 x 6 DOS = MAR \$97.62.

The table below outlines the payments made by the insurance carrier and the MAR amount(s):

| Date of Service | CPT Code | EOB 1/30/15 | EOB 2/9/15 | EOB 2/18/15 | EOB 8/13/15 | EOB 12/2/15 | TOTAL PAYMENTS | MAR |
|-----------------|-------------|-------------|------------|-------------|-------------|-------------|----------------|------------|
| 11/6/14 | 98941 | \$65.20 | | | | | \$65.20 | \$65.20 |
| | 97112-59-GP | \$52.99 | | | | | \$52.99 | \$52.99 |
| | 97110-GP | \$76.62 | | | \$76.62 | | \$153.24 | \$153.24 |
| | 97140-59-GP | | | | \$36.05 | | \$36.05 | \$36.05 |
| | G0283-GP | \$16.27 | | | | | \$16.27 | \$16.27 |
| 11/10/14 | 98941 | \$65.20 | | | | | \$65.20 | \$65.20 |
| | 97112-59-GP | \$52.99 | | | | | \$52.99 | \$52.99 |
| | 97110-GP | \$76.62 | | | \$76.62 | | \$153.24 | \$153.24 |
| | 97140-59-GP | | | | \$36.05 | | \$36.05 | \$36.05 |
| | G0283-GP | \$16.27 | | | | | \$16.27 | \$16.27 |
| 11/13/14 | 98941 | \$65.20 | | | | | \$65.20 | \$65.20 |
| | 97112-59-GP | \$52.99 | | | | | \$52.99 | \$52.99 |
| | 97110-GP | \$76.62 | | | \$76.62 | | \$153.24 | \$153.24 |
| | 97140-59-GP | | | | \$36.05 | | \$36.05 | \$36.05 |
| | G0283-GP | \$16.27 | | | | | \$16.27 | \$16.27 |
| 11/24/14 | 98941 | | \$65.20 | | | | \$65.20 | \$65.20 |
| | 97112-59-GP | | \$52.99 | | | | \$52.99 | \$52.99 |
| | 97110-GP | | \$76.62 | | | \$76.62 | \$153.24 | \$153.24 |
| | 97140-59-GP | | | | | \$36.05 | \$36.05 | \$36.05 |
| | G0283-GP | | \$16.27 | | | | \$16.27 | \$16.27 |
| 12/1/14 | 98941 | | | \$65.20 | | | \$65.20 | \$65.20 |
| | 97112-59-GP | | | \$52.99 | | | \$52.99 | \$52.99 |
| | 97110-GP | | | \$76.62 | | \$76.62 | \$153.24 | \$153.24 |
| | 97140-59-GP | | | | | \$36.05 | \$36.05 | \$36.05 |
| | G0283-GP | | | \$16.27 | | | \$16.27 | \$16.27 |
| 12/4/14 | 98941 | | | \$65.20 | | | \$65.20 | \$65.20 |
| | 97112-59-GP | | | \$52.99 | | | \$52.99 | \$52.99 |
| | 97110-GP | | | \$76.62 | | \$76.62 | \$153.24 | \$153.24 |
| | 97140-59-GP | | | | | \$36.05 | \$36.05 | \$36.05 |
| | G0283-GP | | | \$16.27 | | | \$16.27 | \$16.27 |
| TOTALS | | | | | | | \$1,942.50 | \$1,942.50 |

The Division finds that the insurance carrier submitted sufficient documentation (EOB's) to support that the requestor was reimbursed pursuant to 28 Texas Administrative Code §134.203(b) and §134.203 (c)(1-2). As a result, the Division finds that the requestor is not entitled to additional reimbursement for the disputed services.

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

Signature

Medical Fee Dispute Resolution Officer

Date

March 4, 2016

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.