



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

TEXAS BONE AND JOINT CENTER

Respondent Name

CITY OF FORT WORTH

MFDR Tracking Number

M4-16-1547-01

Carrier's Austin Representative

Box Number 04

MFDR Date Received

FEBRUARY 4, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are requesting payment in full at this time due to the fact this was a clean claim."

Amount in Dispute: \$999.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a position summary for payment of \$378.58 for the disputed services.

Response Submitted by: City of Fort Worth

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Rows include service dates from February 4, 2015 to March 30, 2015, with various CPT codes and amounts, ending with a TOTAL row.

Dates of Service	Billing Codes Noted (not in dispute)	Amount In Dispute
February 4, 2015	G8979-CL, G8982-CL, G8985-CL, G8988-CL, G8991-CL	\$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, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 59-Processed based on multiple or concurrent procedure rules.
 - P12-Workers' compensation jurisdictional fee schedule adjustment.
 - P14-The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day.
 - W3-Additional payment made on appeal/reconsideration.
 - 193-Original payment decision is being maintained. This claim was processed properly the first time.

Issues

Is the requestor entitled to additional reimbursement for the disputed physical therapy services rendered from February 4, 2015 through March 30, 2015?

Findings

1. 28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

CPT code 97002 is defined as "Physical therapy re-evaluation."

The requestor appended modifier "GP- Services delivered under an outpatient physical therapy plan of care."

Per 28 Texas Administrative Code §134.203(c)(1)(2), "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. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

Review of Box 32 on the CMS-1500 the services were rendered in zip code 76180, which is located in North Richland Hills, Texas; therefore, the Medicare participating amount is based on locality "Fort Worth, Texas".

The 2015 DWC conversion factor for this service is 56.2.

The 2015 Medicare Conversion Factor is 35.7547.

The Medicare Participating Amount for this code is \$42.03

Using the above formula, the Division finds the MAR is \$66.06. The respondent paid \$66.07. As a result, additional reimbursement is not recommended.

2. On March 2, 2015 and March 30, 2015, the requestor billed CPT code 97530-GP (X2).

CPT code 97530 is defined as "Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes." The GP modifier was appended to code 97530.

On March 2, 2015 the requestor billed CPT codes 97530 and 97110, for March 30, 2015, code 97140 was also billed.

CMS published Medical Learning Network (MLN) Matters, effective January 1, 2011 which states in part "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 multiple procedure rule discounting applies to the disputed service.

The Medicare Participating Amount for this code is \$34.94.

To determine the MAR for code 97530, the above formula and multiple procedure rule discounting was applied. The MAR is \$54.92. Applying the multiple procedure discounting for the 2 units = \$95.02 for each date. The respondent paid \$80.32 for each date. The requestor is due the difference of \$14.70 for each date.

3. On March 2, 2015 and March 30, 2015, the requestor billed CPT code 97110-GP.

CPT code 97110 is defined as "Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility." The GP modifier was appended to code 97110.

The Medicare Participating Amount for this code is \$32.38.

To determine the MAR for code 97110, the above formula and multiple procedure rule (MPR) discounting was applied.

DATE	CODE	No. of Units	MAR	IC PAID	Additional Reimbursement Due
March 2, 2015	97110	2	\$50.89 X 2 plus MPR discounting = \$77.18	\$77.28	\$0.00
March 30, 2014	97110	1	\$50.89 plus MPR discounting = \$38.59	\$38.64	\$0.00

4. On March 30, 2015, the requestor billed CPT code 97140.

CPT code 97140 is defined as "Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes." The GP modifier was appended to code 97140.

The Medicare participating amount for this code is \$29.96.

To determine the MAR for code 97140, the above formula and multiple procedure rule (MPR) discounting was applied. The Division finds the MAR is \$35.90. The respondent paid \$35.95. As a result, additional reimbursement is not 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 \$29.40.

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 \$29.40 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		03/30/2016
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.