



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

Patient Care Injury Clinic

Respondent Name

New Hampshire Insurance Co

MFDR Tracking Number

M4-18-5283-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 28, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We submitted our bills and proper clinical documentation in a timely fashion. We feel that our facility should be paid according to the workers compensation fee schedule guidelines."

Amount in Dispute: \$2,842.61

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...we have escalated the bills in question for manual review to determine if additional monies are owed."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 14 – 29, 2017 January 9 – February 21, 2018	Physical therapy services	\$2,842.61	\$1,481.96

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 guidelines for professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - V340 – CPT code submitted is based on service time and documentation of time spent does not support the number of units billed. Allowance has been reduced accordingly
 - P12 – Workers' compensation jurisdictional fee schedule adjustment
 - 59 – Processed based on multiple or concurrent procedure rules

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

1. Were the dates of service in dispute submitted timely to MFDR.
2. Are the insurance carrier's reasons for denial of payment supported?
3. What rule determines reimbursement amount?
4. Is the requestor entitled to additional reimbursement?

Findings

The requestor is seeking additional reimbursement in the amount of \$2,842.61 for physical therapy services rendered from December 2017 through February 2018. The requestor states, "I received payment from the carrier for dates of service 1/29/18 and 1/30/2018." These codes will not be considered in this review.

1. Review of the submitted medical bills found Dates of service January 19, 2017 for code 97110, 97140 and January 23, 2017 for code 97110. 28 TAC §133.307(c)(1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. The date of the service in dispute is January 19, 2017 and January 23, 2017. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on August 28, 2018. This date is later than one year after the date(s) of service in dispute. The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for these dates of service.
2. The insurance carrier denied the disputed services with claim adjustment reason code V340 – "CPT code submitted is based on service time and documentation of time spent does not support the number of units billed." Because the carrier did not cite a rule or policy to support its assertions, the Division looks to the applicable rule and Medicare policy to resolve the dispute as follows.

The Division rule applicable to documentation of time physical therapy services is found in 28 TAC §134.203 in the following sections:

- (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 applicable Medicare policy is found in the Medicare Claims Processing Manual, Chapter 5, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c05.pdf> Section 20.2 (C) which states in pertinent part,

Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 220.3B, Documentation Requirements for Therapy Services, indicates that ***the amount of time for each specific intervention/modality provided to the patient is not required to be documented in the Treatment Note. However, the total number of timed minutes must be documented*** [emphasis added].

Review and comparison of the "Daily Progress Notes" for dates of service in dispute to the applicable Medicare policy finds that the total number of timed units was indeed documented as follows:

- 97110: Therapeutic exercises (Time performed: 4 unit (1 unit = 15 Minutes)
- 97140: Manual therapy (Time performed: 2 unit (1 unit = 15 Minutes)

The Division concludes that the requestor met the applicable §134.203 documentation requirement. The insurance carrier's denial reason is therefore not supported. The disputed services are eligible for payment.

3. The reimbursement guidelines are found 28 TAC §134.203 (c) which states,

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

On April 1st of 2013, Medicare implemented the Medicare Multiple Procedure Payment Reduction (MPPR). The MPPR policy may be found in the CMS Claims Processing Manual 100-04, Chapter 5, section 10.7 found at www.cms.gov. The MPPR policy applies here and results in the following calculation:

- Procedure code 97140 billed December 14, 2017 two units has a PE of 0.41 not the highest for this date and will be paid at the reduced allowable of \$23.50. $57.5/35.8887 \times \$23.50 \times 2 = \75.30 . The carrier paid \$37.66. The remaining balance of \$37.64 is due to the requestor
- Procedure code 97110 billed December 19, 2017 four units has a PE of 0.45 not the highest for this date and will be paid at the reduced allowable of \$23.50. $57.5/35.8887 \times \$23.50 \times 4 = \162.14 . The carrier paid \$40.53. The remaining balance of \$121.61 is due to the requestor
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- Procedure code 97110 billed December 27, 2017 four units has a PE of 0.45 not the highest for this date and will be paid at the reduced allowable of \$23.50. $57.5/35.8887 \times \$23.50 \times 4 = \162.14 . The carrier paid \$53.59. The remaining balance of \$108.55 is due to the requestor.
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- Procedure code 97110 billed January 9, 2018 four units has a PE of 0.4 the highest for this date. The first unit will be paid at the full allowable of \$24.48. $58.31/35.9996 \times \$24.48 = \51.46 . The second, third and fourth units will be paid at the reduced allowable of \$24.48. $58.31/35.9996 \times \$24.48 \times 3 = \118.95 . $\$51.46 + \$118.95 = \$170.41$. The carrier paid \$39.65. The remaining balance of \$130.76 is due to the requestor
- Procedure code 97140 billed January 9, 2018 two units has a PE of 0.35 not the highest for this date and will be paid at the reduced rate of \$22.50. $58.31/35.9996 \times \$22.50 \times 2 = \72.89 . The carrier paid \$36.44. The remaining balance of \$36.45 is due to the requestor
- Procedure code 97110 billed January 11, 2018 four units has a PE of 0.4 the highest for this date. The first unit will be paid at the full allowable of \$24.48. $58.31/35.9996 \times \$24.48 = \51.46 . The second, third and fourth units will be paid at the reduced allowable of \$24.48. $58.31/35.9996 \times \$24.48 \times 3 = \118.95 . $\$51.46 + \$118.95 = \$170.41$. The carrier paid \$51.46. The remaining balance of \$118.95 is due to the requestor
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- Procedure code 97110 billed January 23, 2018 four units has a PE of 0.4 the highest for this date. The first unit will be paid at the full allowable of \$24.48. $58.31/35.9996 \times \$24.48 = \51.46 . The second, third and fourth units will be paid at the reduced allowable of \$24.48. $58.31/35.9996 \times \$24.48 \times 3 = \118.95 . $\$51.46 + \$118.95 = \$170.41$. The carrier paid \$39.65. The remaining balance of \$130.75 is due to the requestor
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 - Procedure code 97110 billed February 8, 2018 four units has a PE of 0.4 the highest for this date. The first unit will be paid at the full allowable of \$24.48. $58.31/35.9996 \times \$24.48 = \51.46 . The second, third and fourth units will be paid at the reduced allowable of \$24.48. $58.31/35.9996 \times \$24.48 \times 3 = \118.95 . $\$51.46 + \$118.95 = \$170.41$. The carrier paid \$39.65. The remaining balance of \$130.75 is due to the requestor
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 - Procedure code 97110 billed February 21, 2018 four units has a PE of 0.4 the highest for this date. The first unit will be paid at the full allowable of \$24.48. $58.31/35.9996 \times \$24.48 = \51.46 . The second, third and fourth units will be paid at the reduced allowable of \$24.48. $58.31/35.9996 \times \$24.48 \times 3 = \118.95 . $\$51.46 + \$118.95 = \$170.41$. The carrier paid \$39.66. The remaining balance of \$130.74 is due to the requestor
 - Procedure code 97140 billed February 21, 2018 two units has a PE of 0.35 not the highest for this date and will be paid at the reduced rate of \$22.50. $58.31/35.9996 \times \$22.50 \times 2 = \72.89 . The carrier paid \$36.45. The remaining balance of \$36.44 is due to the requestor
4. The total allowable reimbursement for the services in dispute is \$2,247.42. This amount less the amount previously paid by the insurance carrier of \$765.46 leaves an amount due to the requestor of \$1,481.96. This amount 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 \$1,481.96.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$1,481.96, plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 17, 2019
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *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. **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.