



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 HEALTH FORT WORTH

Respondent Name

CITY OF FORT WORTH

MFDR Tracking Number

M4-19-0067-01

Carrier's Austin Representative

Box Number 04

MFDR Date Received

September 6, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Underpaid/Denied Physical Therapy Rate."

Amount in Dispute: \$236.55

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Physician conversion factors are NOT APPLICABLE. The bill was paid according PER SECTION 3134 OF THE AFFORDABLE CARE ACT; MULTIPLE PROCEDURE PAYMENT REDUCTION FOR SELECTED THERAPY SERVICES HAVE BEEN APPLIED TO THIS BILL . . . The reduction applies to . . . codes contained on the list of 'always therapy' services that are paid under the physician free schedule, regardless of the type of provider or supplier that furnishes the services."

Response Submitted by: CareWorks Managed Care Services

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: April 3, 2018 to April 30, 2018, Outpatient Facility Services – Physical Therapy, \$236.55, \$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 §134.403 sets out the hospital facility fee guideline for outpatient services.
3. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
4. 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.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- W3 – REPORTING PURPOSES ONLY.

## Issues

1. What is the recommended payment for the services in dispute?
2. Is the requestor entitled to additional reimbursement?

## Findings

1. This dispute regards physical therapy services performed in an outpatient facility. Such services are not paid under Medicare's Outpatient Prospective Payment System but using Medicare's Physician Fee Schedule. Per DWC's *Hospital Facility Fee Guideline*, Rule §134.403(h), if Medicare reimburses using other fee schedules, DWC guidelines applicable to the code on the date provided are used for payment. DWC *Medical Fee Guideline for Professional Services*, Rule §134.203(c), requires the maximum allowable reimbursement (MAR) be determined by applying Medicare payment policies modified by DWC rules. The Medicare fee is the sum of the geographically-adjusted work, practice expense and malpractice values multiplied by a conversion factor. We substitute DWC's conversion factor to calculate the MAR. The 2018 DWC conversion factor is \$58.31.

Per Medicare payment policy, when more than one unit is billed of therapy services with multiple procedure payment indicator '5', the first unit of the therapy with the highest practice expense for that day is paid in full. Payment is reduced by 50% of the practice expense (PE) for each extra therapy unit performed on that date.

Reimbursement for the disputed services is calculated as follows:

- Procedure code 97110, April 11, 2018, has a Work RVU of 0.45 multiplied by the Work GPCI of 1.007 is 0.45315. The practice expense RVU of 0.4 multiplied by the PE GPCI of 0.986 is 0.3944. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.747 is 0.01494. The sum is 0.86249 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$50.29. For each extra therapy unit, payment is reduced by 50% of the practice expense. The PE for this code is not the highest for this date. The PE reduced rate is \$38.79.  
Procedure code 97110, April 13, 2018, the PE reduced rate is also \$38.79.  
Procedure code 97110, April 16, 2018, the PE reduced rate is also \$38.79.  
Procedure code 97110, April 19, 2018, the PE reduced rate is also \$38.79.  
Procedure code 97110, April 23, 2018, the PE reduced rate is also \$38.79.  
Procedure code 97110, April 26, 2018, the PE reduced rate is also \$38.79.  
Procedure code 97110, April 30, 2018, the PE reduced rate is also \$38.79.
- Procedure code 97112, April 3, 2018, has a Work RVU of 0.5 multiplied by the Work GPCI of 1.007 is 0.5035. The practice expense RVU of 0.47 multiplied by the PE GPCI of 0.986 is 0.46342. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.747 is 0.01494. The sum is 0.98186 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$57.25. This code has the highest PE for this date. This first unit is paid at \$57.25.  
Procedure code 97112, April 4, 2018, this code has the highest PE. This unit is also paid at \$57.25.  
Procedure code 97112, April 6, 2018, this code has the highest PE. This unit is also paid at \$57.25.  
Procedure code 97112, April 9, 2018, this code has the highest PE. This unit is also paid at \$57.25.  
Procedure code 97112, April 11, 2018, this code has the highest PE. This unit is also paid at \$57.25.  
Procedure code 97112, April 13, 2018, this code has the highest PE. This unit is also paid at \$57.25.  
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Procedure code 97112, April 23, 2018, this code has the highest PE. This unit is also paid at \$57.25.  
Procedure code 97112, April 26, 2018, this code has the highest PE. This unit is also paid at \$57.25.  
Procedure code 97112, April 30, 2018, this code has the highest PE. This unit is also paid at \$57.25.

- Procedure code 97140, April 3, 2018, has a Work RVU of 0.43 multiplied by the Work GPCI of 1.007 is 0.43301. The practice expense RVU of 0.35 multiplied by the PE GPCI of 0.986 is 0.3451. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.78558 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$45.81. For each extra therapy unit beyond the first, payment is reduced by 50% of the practice expense. The PE for this code is not the highest for this date. The PE reduced rate is \$35.75. Procedure code 97140, April 4, 2018, the PE reduced rate is also \$35.75. Procedure code 97140, April 6, 2018, the PE reduced rate is also \$35.75. Procedure code 97140, April 9, 2018, the PE reduced rate is also \$35.75. Procedure code 97140, April 11, 2018, the PE reduced rate is also \$35.75. Procedure code 97140, April 13, 2018, the PE reduced rate is also \$35.75. Procedure code 97140, April 16, 2018, the PE reduced rate is also \$35.75. Procedure code 97140, April 19, 2018, the PE reduced rate is also \$35.75. Procedure code 97140, April 23, 2018, the PE reduced rate is also \$35.75. Procedure code 97140, April 26, 2018, the PE reduced rate is also \$35.75. Procedure code 97140, April 30, 2018, the PE reduced rate is also \$35.75.

2. The total allowable reimbursement for the disputed services is \$1,449.69. The insurance carrier paid \$1,449.69. The amount due is \$0.00. No additional payment is recommended.

**Conclusion**

In resolving disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the division is to adjudicate the payment, given the relevant statutory provisions and division rules.

The division would like to emphasize that the findings and decision in this dispute are based on the evidence presented by the requestor and respondent available at the time of review. Even though not all the evidence was discussed, it was considered.

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 on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

	Grayson Richardson	September 28, 2018
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 Rule §133.307.

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 form’s instructions. The division must receive the request within twenty days of your receipt of this decision. The request may be faxed, mailed or personally delivered either to the division, using the contact information listed on the form, or to the field office handling the claim.

The party seeking review must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Include a copy of this Medical Fee Dispute Resolution Findings and Decision** together with any other information required by 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.