



# 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

KELLER INDEPENDENT SCHOOL DISTRICT

MFDR Tracking Number

M4-19-0105-01

Carrier's Austin Representative

Box Number 43

MFDR Date Received

September 7, 2018

#### REQUESTOR'S POSITION SUMMARY

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

Amount in Dispute: \$940.19

#### RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "after review there was an additional allowance made on line 11 for codes 918-96150 at \$562.96."

Response Submitted by: York Risk Services Group

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
April 4, 2018 to April 26, 2018	Outpatient Facility Services – Physical Therapy	\$940.19	\$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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.403 sets out the hospital facility fee guideline for outpatient services.
- 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 246 – THIS NON-PAYABLE CODE IS FOR REQUIRED REPORTING ONLY.
  - 59 – PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.
  - 97 – THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
  - 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.
  - 4 – THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
  - W3 – REPORTING PURPOSES ONLY.
  - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

## 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 policy, when more than one unit is billed of therapy services designated by 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 92523, April 4, 2018, has a Work RVU of 3 multiplied by the Work GPCI of 1.007 is 3.021. The practice expense RVU of 2.49 multiplied by the PE GPCI of 0.986 is 2.45514. The malpractice RVU of 0.11 multiplied by the malpractice GPCI of 0.747 is 0.08217. The sum is 5.55831 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$324.11. For each extra therapy unit beyond the first unit of the code with the highest practice expense, payment is reduced by 50% of the PE. This code has the highest PE. The first unit is paid at \$324.11.
- Procedure code 97162, April 4, 2018, has a Work RVU of 1.2 multiplied by the Work GPCI of 1.007 is 1.2084. The practice expense RVU of 1.13 multiplied by the PE GPCI of 0.986 is 1.11418. The malpractice RVU of 0.05 multiplied by the malpractice GPCI of 0.747 is 0.03735. The sum is 2.35993 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$137.61. For each extra therapy unit beyond the first unit of the code with the highest practice expense, payment is reduced by 50% of the PE. The PE for this code is not the highest. The PE reduced rate is \$105.12.
- Per Medicare policy, CPT code 97165, April 4, 2018, may not be reported with code 97162 billed the same day.
- Procedure code G8990, April 4, 2018, has status indicator Q, denoting functional information codes used for reporting only. No separate payment is made.
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- Procedure code G8999, April 4, 2018, has status indicator Q, denoting functional information codes used for reporting only. No separate payment is made.
- Procedure code G9186, April 4, 2018, has status indicator Q, denoting functional information codes used for reporting only. No separate payment is made.
- Procedure code 92507, April 12, 2018, has a Work RVU of 1.3 multiplied by the Work GPCI of 1.007 is 1.3091. The practice expense RVU of 0.87 multiplied by the PE GPCI of 0.986 is 0.85782. The malpractice RVU of 0.05 multiplied by the malpractice GPCI of 0.747 is 0.03735. The sum is 2.20427 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$128.53. For each extra therapy unit beyond the first unit of the code with the highest practice expense, payment is reduced by 50% of the PE. This code has the highest PE. The first unit is paid at \$128.53.
- Per Medicare policy, procedure code 97110, April 12, 2018, may not be reported with code 92507 billed the same day. Separate payment is not recommended.

- Per Medicare policy, procedure code 97110, April 12, 2018, may not be reported with code 92507 billed the same day. Separate payment is not recommended.
- Procedure code 92507, April 17, 2018, has a Work RVU of 1.3 multiplied by the Work GPCI of 1.007 is 1.3091. The practice expense RVU of 0.87 multiplied by the PE GPCI of 0.986 is 0.85782. The malpractice RVU of 0.05 multiplied by the malpractice GPCI of 0.747 is 0.03735. The sum is 2.20427 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$128.53. For each extra therapy unit beyond the first unit of the code with the highest practice expense, payment is reduced by 50% of the PE. This code has the highest PE. The first unit is paid at \$128.53.
- Per Medicare policy, procedure code 97110, April 17, 2018, may not be reported with code 92507 billed the same day. Separate payment is not recommended.
- Procedure code 92507, April 19, 2018, has a Work RVU of 1.3 multiplied by the Work GPCI of 1.007 is 1.3091. The practice expense RVU of 0.87 multiplied by the PE GPCI of 0.986 is 0.85782. The malpractice RVU of 0.05 multiplied by the malpractice GPCI of 0.747 is 0.03735. The sum is 2.20427 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$128.53. For each extra therapy unit beyond the first unit of the code with the highest practice expense, payment is reduced by 50% of the PE. This code has the highest PE. The first unit is paid at \$128.53.
- Procedure code 96150, April 19, 2018, has a Work RVU of 0.5 multiplied by the Work GPCI of 1.007 is 0.5035. The practice expense RVU of 0.08 multiplied by the PE GPCI of 0.986 is 0.07888. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.747 is 0.01494. The sum is 0.59732 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$34.83 at 4 units is \$139.32.
- Per Medicare policy, procedure code 97110, April 19, 2018, may not be reported with code 92507 billed the same day. Separate payment is not recommended.
- Per Medicare policy, procedure code 97110, April 19, 2018, may not be reported with code 92507 billed the same day. Separate payment is not recommended.
- Procedure code 92507, April 24, 2018, has a Work RVU of 1.3 multiplied by the Work GPCI of 1.007 is 1.3091. The practice expense RVU of 0.87 multiplied by the PE GPCI of 0.986 is 0.85782. The malpractice RVU of 0.05 multiplied by the malpractice GPCI of 0.747 is 0.03735. The sum is 2.20427 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$128.53. For each extra therapy unit beyond the first unit of the code with the highest practice expense, payment is reduced by 50% of the PE. This code has the highest PE. The first unit is paid at \$128.53.
- Per Medicare policy, procedure code 97110, April 24, 2018, may not be reported with code 92507 billed the same day. Separate payment is not recommended.
- Procedure code 96152, April 26, 2018, has a Work RVU of 0.46 multiplied by the Work GPCI of 1.007 is 0.46322. The practice expense RVU of 0.07 multiplied by the PE GPCI of 0.986 is 0.06902. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.747 is 0.01494. The sum is 0.54718 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$31.91 at 4 units is \$127.64.
- Procedure code 97110, April 26, 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 beyond the first unit of the code with the highest practice expense, payment is reduced by 50% of the PE. This code has the highest PE. The first unit is paid at \$50.29. The PE reduced rate is \$38.79 at 3 units is \$116.37. The total is \$166.66.
- Procedure code 97110, April 26, 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 beyond the first unit of the code with the highest practice expense, payment is reduced by 50% of the PE. The PE for this code is not the highest. The PE reduced rate is \$38.79 at 3 units is \$116.37.

2. The total allowable reimbursement for the disputed services is \$1,493.34. The insurance carrier paid \$2,419.95. 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	October 19, 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.