



# 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**

ELITE HEALTHCARE SOUTH DALLAS

**Respondent Name**

OLD REPUBLIC INSURANCE COMPANY

**MFDR Tracking Number**

M4-19-0145-01

**Carrier's Austin Representative**

Box Number 44

**MFDR Date Received**

September 12, 2018

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "...this claim is within the parameters of the fee schedule should be PAID IN FULL... All necessary and supporting documentation is included with this Reconsideration to properly justify/support the administered treatment still needing to be paid. I have included a copy of the fee schedule."

**Amount in Dispute:** \$468.08

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The CPT codes were for physical therapy services under codes 97110 and 97140. As noted on the provider's DWC-60, the carrier did reimburse the provider for all of those CPT codes. Thus, the question comes down to the reimbursement rate for each of those CPT codes... It is the carrier's position that it has reimbursed the provider in accordance with the Medical Fee Guidelines and that the provider is not entitled to any additional reimbursement."

**Response Submitted by:** Flahive, Ogden & Latson

#### SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
September 21, 2018	97110 x 4 and 97140 x 4	\$468.08	\$111.11

#### 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 §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
- 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers' Compensation jurisdictional fee schedule adjustment
  - B12 – Services not documented in patient's medical records
  - 59 – Processed based on multiple or concurrent procedure rules

## Issue(s)

1. Is the requestor entitled to reimbursement for CPT Code 97140 rendered on September 29, 2017?
2. What is the applicable rule for determining reimbursement for the disputed services?
3. Does the MPPR policy apply to the disputed services?
4. Is the requestor entitled to additional reimbursement?

## Findings

1. The requestor seeks reimbursement for CPT Code 97140 rendered on September 29, 2017, the insurance carrier denied the disputed service with denial reduction code "B12 – "Services not documented in patient's medical records." CPT Code 97140 is defined as "Manual therapy techniques, one or more regions, each 15 minutes." Review of the documentation dated September 29, 2017, does not support the documentation of CPT Code 97140, as a result, reimbursement cannot be recommended.

2. The requestor seeks additional reimbursement for CPT Codes 97110 and 97140 rendered on September 21, 2017, September 28, 2017, September 29, 2017 and January 11, 2018. The insurance carrier denied/reduced the disputed services with claim adjustment reason code P12 – "Workers compensation jurisdictional fee schedule adjustment and 59 – "Processed based on multiple or concurrent procedure rules."

28 Texas Administrative Code §134.203 (b) states in pertinent part, "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 Medicare payment policy is found in the Medicare Claims Processing Manual, Chapter 5, Section, 10.7 which states in pertinent part, "Medicare applies an MPPR to the PE 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. For subsequent units and procedures with dates of service on or after April 1, 2013, furnished to the same patient on the same day, full payment is made for work and malpractice and 50 percent payment is made for the PE for services submitted on either professional or institutional claims. To determine which services will receive the MPPR, contractors shall rank services according to the applicable PE relative value units (RVU) and price the service with the highest PE RVU at 100% and apply the appropriate MPPR to the remaining services."

3. 28 Texas Administrative Code §134.203 states in pertinent part, "(c) 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..."

Review of the CMS1500's for date of service September 21, 2017, indicates that the requestor billed CPT Codes 97110-GP, 99213, 97112-GP, 97140-GP and 99080-73

- Procedure code 97110, September 21, 2017, has a Work RVU of 0.45 multiplied by the Work GPCI of 1.015 is 0.45675. The practice expense RVU of 0.45 multiplied by the PE GPCI of 1.012 is 0.4554. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.77 is 0.0154. The sum is 0.92755 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$53.33. For each extra therapy unit after the first unit of the code with the highest PE, payment is reduced by 50% of the practice expense. The PE for this code is not the highest. The PE reduced rate is \$40.24 at 4 units is \$160.96. The requestor seeks an additional \$52.39. The carrier paid the fee schedule amount of \$160.97, as a result additional reimbursement is not recommended.
- Procedure code 97140, September 21, 2017, has a Work RVU of 0.43 multiplied by the Work GPCI of 1.015 is 0.43645. The practice expense RVU of 0.41 multiplied by the PE GPCI of 1.012 is 0.41492. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.77 is 0.0077. The sum is 0.85907 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$49.40. For each extra therapy unit after the first unit of the code with the highest PE, payment is reduced by 50% of the practice expense. The PE for this code is not the highest. The PE reduced rate is \$37.47 at 2 units is \$74.94. The requestor seeks an additional \$61.33. The carrier paid the fee schedule amount of \$37.47 for one unit, as a result the requestor is entitled to reimbursement for the second unit in the amount of \$37.47, therefore this amount is recommended.

Review of the CMS1500's for date of service September 28, 2017, indicates that the requestor billed CPT Codes 97110-GP, 99213, 97112-GP and 97140-GP

- Procedure code 97110, September 28, 2017, has a Work RVU of 0.45 multiplied by the Work GPCI of 1.015 is 0.45675. The practice expense RVU of 0.45 multiplied by the PE GPCI of 1.012 is 0.4554. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.77 is 0.0154. The sum is 0.92755 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$53.33. For each extra therapy unit after the first unit of the code with the highest PE, payment is reduced by 50% of the practice expense. The PE for this code is not the highest. The PE reduced rate is \$40.24 at 4 units is \$160.96. The requestor seeks an additional \$52.39. The carrier paid the fee schedule amount of \$160.97, as a result additional reimbursement is not recommended.
- Procedure code 97140, September 28, 2017, has a Work RVU of 0.43 multiplied by the Work GPCI of 1.015 is 0.43645. The practice expense RVU of 0.41 multiplied by the PE GPCI of 1.012 is 0.41492. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.77 is 0.0077. The sum is 0.85907 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$49.40. For each extra therapy unit after the first unit of the code with the highest PE, payment is reduced by 50% of the practice expense. The PE for this code is not the highest. The PE reduced rate is \$37.47 at 2 units is \$74.94. The requestor seeks an additional \$61.33. The carrier paid the fee schedule amount of \$37.47 for one unit, as a result the requestor is entitled to reimbursement for the second unit in the amount of \$37.47, therefore this amount is recommended.

Review of the CMS1500's for date of service September 29, 2017, indicates that the requestor billed CPT Codes 97110-GP, 97112-GP and 97140-GP

- Procedure code 97110, September 28, 2017, has a Work RVU of 0.45 multiplied by the Work GPCI of 1.015 is 0.45675. The practice expense RVU of 0.45 multiplied by the PE GPCI of 1.012 is 0.4554. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.77 is 0.0154. The sum is 0.92755 multiplied by the DWC conversion factor of \$57.50 for a MAR of \$53.33. For each extra therapy unit after the first unit of the code with the highest PE, payment is reduced by 50% of the practice expense. The PE for this code is not the highest. The PE reduced rate is \$40.24 at 4 units is \$160.96. The requestor seeks an additional \$52.39. The carrier paid the fee schedule amount of \$160.97, as a result additional reimbursement is not recommended.

Review of the CMS1500's for date of service January 11, 2018, indicates that the requestor billed CPT Codes 97110-GP, 97112-GP and 97140-GP

- Procedure code 97110, January 11, 2018, has a Work RVU of 0.45 multiplied by the Work GPCI of 1.012 is 0.4554. The practice expense RVU of 0.4 multiplied by the PE GPCI of 1.014 is 0.4056. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.768 is 0.01536. The sum is 0.87636 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$51.10. For each extra therapy unit after the first unit of the code with the highest PE, payment is reduced by 50% of the practice expense. The PE for this code is not the highest. The PE reduced rate is \$39.28 at 4 units is \$157.12. The requestor seeks an additional \$47.30. The carrier paid the fee schedule amount of \$157.10, as a result additional reimbursement is not recommended.
- Procedure code 97140, January 11, 2018, has a Work RVU of 0.43 multiplied by the Work GPCI of 1.012 is 0.43516. The practice expense RVU of 0.35 multiplied by the PE GPCI of 1.014 is 0.3549. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.768 is 0.00768. The sum is 0.79774 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$46.52. For each extra therapy unit after the first unit of the code with the highest PE, payment is reduced by 50% of the practice expense. The PE for this code is not the highest. The PE reduced rate is \$36.17 at 2 units is \$72.34. The requestor seeks an additional \$56.87. The carrier paid the fee schedule amount of \$36.17 for one unit, as a result the requestor is entitled to reimbursement for the second unit in the amount of \$36.17, therefore this amount is recommended.

4. Review of the submitted documentation finds that the requestor is entitled to an additional reimbursement in the amount of \$111.11, therefore 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 \$111.11.

**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 \$111.11 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

\_\_\_\_\_  
Date

April 12, 2019

**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.**