TEXAS DEPARTMENT OF INSURANCE
**Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)**
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

# MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

## *GENERAL INFORMATION*

Requestor Name
PATIENT CARE INJURY CLINIC

Respondent Name
NEW HAMPSHIRE INSURANCE COMPANY

MFDR Tracking Number
M4-19-0492-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
September 28, 2018

## *REQUESTOR'S POSITION SUMMARY*

Requestor's Position Summary: "We feel that our facility should be paid according to the workers compensation fee schedule guidelines."

Amount in Dispute: $339.77

## *RESPONDENT'S POSITION SUMMARY*

Respondent's Position Summary: "The review of this bill is complete and the provider is due additional monies."

Response Submitted by: Gallagher Bassett

## *SUMMARY OF FINDINGS*

| Dates of Service | Disputed Services | Dispute Amount | Amount Due |
|---|---|---|---|
| December 18, 2017 to January 29, 2018 | Physical Therapy Services, CPT code 97110 | $339.77 | $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 sets out the fee guideline for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - P12 – Workers' compensation jurisdictional fee schedule adjustment.
   - P300 – The amount paid reflects a fee schedule reduction.
   - Z710 - The charge for this procedure exceeds the fee schedule allowance.
   - 1 – Formatted EOR Message unavailable. Event Message – PROCEDURE STATUS CODE A FROM CMS RVU
   - 2 – In accordance with CMS Physician Fee Schedule guidelines, this service was reduced due to the Physical Therapy Service rule. (MPPT)
   - 3 This service was reduced in accordance with the Worker's Compensation Fee Schedule rules for Physician Services. (MRCA)
   - 4 – The reimbursement is based on the SMS Physician Fee Schedule Non-Facility site of service rate. (PNFC)
   - 5 – Formatted EOR Message unavailable. Event Message – NO REDUCTION AVAILABLE.
   - 6 – The charge for this procedure exceeds the fee schedule allowance. (Z710)

- 8 – W3 – Request for reconsideration (ZE10).

**Issues**

Is the requestor entitled to additional reimbursement?

**Findings**

This dispute regards medical services with reimbursement subject to the *Medical Fee Guideline for Professional Services*, 28 Texas Administrative Code §134.203. Reimbursement is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the DWC annual conversion factor. When more than one unit is billed of therapy services designated by multiple-procedure payment indicator '5', the first unit of 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 provided on that date. Reimbursement is calculated as follows:

- Procedure code 97110, December 18, 2017, has a Work RVU of 0.45 multiplied by the Work GPCI of 1.02 is 0.459. The practice expense RVU of 0.45 multiplied by the PE GPCI of 1.009 is 0.45405. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.946 is 0.01892. The sum is 0.93197 multiplied by the DWC conversion factor of $57.50 for a MAR of $53.59. 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 $40.53 at 4 units is $162.12. The insurance carrier paid $162.14. No additional payment is due.
- Procedure code 97110, January 29, 2018, has a Work RVU of 0.45 multiplied by the Work GPCI of 1.02 is 0.459. The practice expense RVU of 0.4 multiplied by the PE GPCI of 1.012 is 0.4048. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.936 is 0.01872. The sum is 0.88252 multiplied by the DWC conversion factor of $58.31 for a MAR of $51.46. 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 $39.66 at 4 units is $158.64. The insurance carrier paid $158.63. No additional payment is due.

The total recommended reimbursement for the disputed services is $320.76. The insurance carrier paid $320.77. No additional payment is recommended.

**Conclusion**

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 | December 20, 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 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 on the form, or to the field office handling the claim.

A party seeking review of this decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. The request must include a copy of this *Medical Fee Dispute 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.