



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

BLUE LAGUNE THERAPY

Respondent Name

HARTFORD UNDERWRITERS INSURANCE COMPANY

MFDR Tracking Number

M4-19-1103-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

October 29, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Attach is the reconsideration EOR, claims, authorization, and the supporting medical records for the above claimant for the above service dates that supports the provided services."

Amount in Dispute: \$540.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Services were processed in accordance with Texas Guidelines for physical therapy services."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
June 15, 2018 to July 10, 2018	Professional Medical Services	\$540.00	\$214.16

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 fee guideline for professional medical services.
- Texas Labor Code §408.021 establishes an injured employee's entitlement to health care as and when needed.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 119 – BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED
 - 163 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE UNIT VALUE AND/OR MULTIPLE PROCEDURE RULES
 - P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
 - 1001 - BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.
 - 18 – EXACT DUPLICATE CLAIM/SERVICE
 - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
 - 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE
 - 1115 - WE FIND THE ORIGINAL REVIEW TO BE ACCURATE AND ARE UNABLE TO RECOMMEND ANY ADDITIONAL ALLOWANCE

- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

Issues

1. Are the disputed services or the injured employee subject to a benefit maximum?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services with claim adjustment reason code 119 – “BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.”

Texas Labor Code §408.021(a) provides that “An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed.”

The insurance carrier did not present any information to support a “benefit maximum” applicable to the disputed services. This denial reason is not supported. These services will be reviewed for reimbursement in accordance with division rules and fee guidelines.

2. This dispute regards therapy services with reimbursement subject to the *Medical Fee Guideline for Professional Services*, 28 Texas Administrative Code §134.203, requiring the maximum allowable reimbursement (MAR) be determined by Medicare payment policies modified by DWC rules. The MAR is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the DWC annual conversion factor.

Reimbursement is calculated as follows:

- Procedure code 97530, June 15, 2018, has a Work RVU of 0.44 multiplied by the Work GPCI of 1.02 is 0.4488. The practice expense RVU of 0.69 multiplied by the PE GPCI of 1.012 is 0.69828. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.936 is 0.01872. The sum is 1.1658 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$67.98. 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. This code has the highest PE. The first unit is paid at \$67.98. The PE reduced rate is \$47.62. The total is \$115.60.
- Procedure code 97110, June 15, 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 3 units is \$118.98.
- Procedure code 97530, June 18, 2018, has a Work RVU of 0.44 multiplied by the Work GPCI of 1.02 is 0.4488. The practice expense RVU of 0.69 multiplied by the PE GPCI of 1.012 is 0.69828. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.936 is 0.01872. The sum is 1.1658 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$67.98. 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. This code has the highest PE. The first unit is paid at \$67.98. The PE reduced rate is \$47.62. The total is \$115.60.
- Procedure code 97110, June 18, 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 3 units is \$118.98.

- Procedure code 97530, July 2, 2018, has a Work RVU of 0.44 multiplied by the Work GPCI of 1.02 is 0.4488. The practice expense RVU of 0.69 multiplied by the PE GPCI of 1.012 is 0.69828. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.936 is 0.01872. The sum is 1.1658 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$67.98. 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. This code has the highest PE. The first unit is paid at \$67.98. The PE reduced rate is \$47.62 at 2 units is \$95.24. The total is \$163.22.
- Procedure code 97110, July 2, 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 2 units is \$79.32.
- Procedure code 97530, July 3, 2018, has a Work RVU of 0.44 multiplied by the Work GPCI of 1.02 is 0.4488. The practice expense RVU of 0.69 multiplied by the PE GPCI of 1.012 is 0.69828. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.936 is 0.01872. The sum is 1.1658 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$67.98. 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. This code has the highest PE. The first unit is paid at \$67.98. The PE reduced rate is \$47.62. The total is \$115.60.
- Procedure code 97110, July 3, 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 3 units is \$118.98.
- Procedure code 97530, July 9, 2018, has a Work RVU of 0.44 multiplied by the Work GPCI of 1.02 is 0.4488. The practice expense RVU of 0.69 multiplied by the PE GPCI of 1.012 is 0.69828. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.936 is 0.01872. The sum is 1.1658 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$67.98. 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. This code has the highest PE. The first unit is paid at \$67.98. The PE reduced rate is \$47.62. The total is \$115.60.
- Procedure code 97110, July 9, 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 3 units is \$118.98.
- Procedure code 97530, July 10, 2018, has a Work RVU of 0.44 multiplied by the Work GPCI of 1.02 is 0.4488. The practice expense RVU of 0.69 multiplied by the PE GPCI of 1.012 is 0.69828. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.936 is 0.01872. The sum is 1.1658 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$67.98. 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. This code has the highest PE. The first unit is paid at \$67.98. The PE reduced rate is \$47.62. The total is \$115.60.
- Procedure code 97110, July 10, 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 3 units is \$118.98.

The total allowable reimbursement for the disputed services is \$1,415.44. The insurance carrier paid \$1,201.28. The amount due is \$214.16. This amount 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 emphasizes that the findings in this decision 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 established that additional reimbursement is due. As a result, the amount ordered is \$214.16.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), 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 \$214.16, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Grayson Richardson	November 30, 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.