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 Co

MFDR Tracking Number
M4-19-2576-01

Carrier's Austin Representative
Box Number 44

MFDR Date Received
January 11, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "…it is stated there was a massage therapy performed..."

Amount in Dispute: $447.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our bill audit company has determined additional monies are owed. Attached is a copy of the payment summaries, which includes interest."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 3 – 11, 2018	Physical therapy services	$447.70	$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 reimbursement guidelines 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
   - 112 – Service not furnished directly to the patient and/or not documented
   - 193 – Original payment decision is being maintained
   - 59 – Processed based on multiple or concurrent procedure rules
   - W3 – Request for reconsideration

Issues

1. Is the insurance carrier's reduction in number of units supported?
2. What is the Medicare payment policy?
3. What rule is applicable to reimbursement guidelines?

Findings

1. The requestor is seeking additional reimbursement in the amount of $447.70 for physical therapy services rendered from October 3 – 11, 2018. The carrier denied/reduced the services in dispute as 112 – "Service not furnished to directly to the patient and/or not documented" and 59 – "Processed based on multiple or concurrent procedure rules."

   The Division rule applicable to physical therapy services is found in 28 TAC §134.203. The following sections of the Rule establish the policies applicable to the documentation of timed physical therapy codes.

   > (b) 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 applicable Medicare policy regarding documentation is found in the Medicare Claims Processing Manual, Chapter 5, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c05.pdf Section 20.2 (C) which states in pertinent part,

   > Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 220.3B, Documentation Requirements for Therapy Services, indicates that the amount of time for each specific intervention/modality provided to the patient is not required to be documented in the Treatment Note. However, the total number of timed minutes must be documented [emphasis added].

   Review and comparison of the "Encounter" for the dates of service in dispute for 97140 – "Manual Therapy" indicates, "Massage therapy was performed." The total number of timed minutes of the massage is not documented. The reduction of units is supported.

2. The insurance carrier reduced the payment of the services in dispute as 59 – "Processed based on multiple or concurrent procedure rules." The Medicare payment policy as described in Rule 134.203 (b)(1) is found in The Centers for Medicare and Medicaid Claims Processing Manual, Chapter 5, states in applicable section 10.7,

   > *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. Many therapy services are time-based codes, i.e., multiple units may be billed for a single procedure. The MPPR applies to all therapy services furnished to a patient on the same day, regardless of whether the services are provided in one therapy discipline or multiple disciplines, for example, physical therapy, occupational therapy, or speech-language pathology.*
   >
   > *Full payment is made for the unit or procedure with the highest PE payment.*
   >
   > *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.*
   >
   > The Medicare Multiple Procedure Payment Reduction file is found at:
   >
   > https://www.cms.gov/Medicare/Billing/TherapyServices/index.html

   The calculation of the maximum allowable reimbursement with the MPPR reduction is shown in the next paragraph.

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

   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 (date of service yearly conversion factor).

   The MAR calculation is as follows:

   - Procedure code 97110 billed October 3, 2018 for four units has a PE of 0.4 the highest for this date. The first unit will be paid at the full allowable of $31.55. 58.31/35.9996 x $31.55 = $51.10. The second, third and fourth units will be paid at the reduced rated of $24.25. 58.31/35.9996 x $24.25 x 3 = $117.84. $51.10 + $117.84 = $168.94
   - Procedure code 97112 billed October 3, 2018 for two units has a PE of 0.47 not the highest for this date and will be paid at the reduced rate of $27.35. 58.31/35.9996 x 2 = $88.60
   - Procedure code 97140 billed October 3, 2018 for two units but only one unit documented, has a PE of 0.35 not the highest for this date and will be paid at the reduced rate of $22.33. 58.31/35.996 x $22.33 = $36.17
   - Procedure code 97110 billed October 5, 2018 for four units has a PE of 0.4 the highest for this date. The first unit will be paid at the full allowable of $31.55. 58.31/35.9996 x $31.55 = $51.10. The second, third and fourth units will be paid at the reduced rated of $24.25. 58.31/35.9996 x $24.25 x 3 = $117.84. $51.10 + $117.84 = $168.94
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   - Procedure code 97110 billed October 9, 2018 for four units has a PE of 0.4 the highest for this date. The first unit will be paid at the full allowable of $31.55. 58.31/35.9996 x $31.55 = $51.10. The second, third and fourth units will be paid at the reduced rated of $24.25. 58.31/35.9996 x $24.25 x 3 = $117.84. $51.10 + $117.84 = $168.94
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   - Procedure code 97110 billed October 11, 2018 for four units has a PE of 0.4 the highest for this date. The first unit will be paid at the full allowable of $31.55. 58.31/35.9996 x $31.55 = $51.10. The second, third and fourth units will be paid at the reduced rated of $24.25. 58.31/35.9996 x $24.25 x 3 = $117.84. $51.10 + $117.84 = $168.94
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The total allowed amount is $1,178.48. The insurance carrier paid $1,202.43. 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

		March 7, 2019
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, effective May 31, 2012, *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. **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.