



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

Patient Care Injury Clinic

Respondent Name

James Construction Group LLC

MFDR Tracking Number

M4-19-2770-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 18, 2019

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: \$2,288.57

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier has previously responded to this dispute on February 14, 2019. ...the carrier was going to reprocess the medical bills. We are attaching a copy of them. The new EOBS have recommended reimbursement."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 5 – 31, 2018	Physical therapy services	\$2,288.57	\$1,012.86

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 reimbursement guidelines for professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules
 - 168– Billed charge is greater than maximum unit value or daily maximum allowance for physical therapy/physical medicine services

- 309 – The charge for this procedure exceeds the fee schedule allowance

Issues

1. Are the insurance carrier’s reasons for denial or reduction of payment supported?
2. What rule is applicable to reimbursement guidelines?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking additional reimbursement in the amount of \$2,288.57 for physical therapy services rendered from July 5 – 31, 2018. The carrier reduced the services in dispute based on the unit value exceeded and the multiple procedure rules.

Review of the submitted documentation found insufficient evidence to support the basis of the “unit value exceeded.” This denial will not be considered in this review.

The reduction of the allowable based on the multiple procedure rules is applicable to 28 TAC §134.403 (d) which states,

For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided

The Medicare Multiple Procedure Payment Reduction (MPPR) may be found in the CMS Claims Processing Manual 100-04, Chapter 5, section 10.7 at www.cms.gov.

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 is shown in the next paragraph.

2. 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:

Date of service	CPT Code	Practice Expense Ranking	Units	Medicare Allowed amount	MAR = 58.31/35.9996 x MPPR Allowable	Amount Paid	Amount due
July 5, 2018	97110	0.4 Not the highest	4	\$24.48	58.31/35.9996 x \$24.48 x 4 = \$158.60	\$118.95	\$39.65

July 5, 2018	97140	0.35 Not the highest	2	\$22.50	$58.31/35.9996 \times \$22.50 \times 2 = \72.89	\$0.00	\$72.89
July 5, 2018	97112	0.47 Highest	1	\$36.16	$58.31/35.9996 \times \$36.16 = \58.57	\$58.57	\$0.00
July 5, 2018	G0283	0.23 Not the highest	1	\$11.14	$58.31/35.9996 \times \$11.14 = \18.04	\$18.04	\$0.00
July 10, 2018	97110	0.4 Not the highest	4	\$24.48	$58.31/35.9996 \times \$24.48 \times 4 = \158.60	\$118.95	\$39.65
July 10, 2018	97140	0.35 Not the highest	2	\$22.50	$58.31/35.9996 \times \$22.50 \times 2 = \72.89	\$0.00	\$72.89
July 10, 2018	97112	0.47 Highest	1	\$36.16	$58.31/35.9996 \times \$36.16 = \58.57	\$58.57	\$0.00
July 10, 2018	G0283	0.23 Not the highest	1	\$11.14	$58.31/35.9996 \times \$11.14 = \18.04	\$18.04	\$0.00
July 11, 2018	97110	0.4 Not the highest	4	\$24.48	$58.31/35.9996 \times \$24.48 \times 4 = \158.60	\$118.95	\$39.65
July 11, 2018	97140	0.35 Not the highest	2	\$22.50	$58.31/35.9996 \times \$22.50 \times 2 = \72.89	\$0.00	\$72.89
July 11, 2018	97112	0.47 Highest	1	\$36.16	$58.31/35.9996 \times \$36.16 = \58.57	\$58.57	\$0.00
July 11, 2018	G0283	0.23 Not the highest	1	\$11.14	$58.31/35.9996 \times \$11.14 = \18.04	\$18.04	\$0.00
July 13, 2018	97110	0.4 Not the highest	4	\$24.48	$58.31/35.9996 \times \$24.48 \times 4 = \158.60	\$118.95	\$39.65
July 13, 2018	97140	0.35 Not the highest	2	\$22.50	$58.31/35.9996 \times \$22.50 \times 2 = \72.89	\$0.00	\$72.89
July 13, 2018	97112	0.47 Highest	1	\$36.16	$58.31/35.9996 \times \$36.16 = \58.57	\$58.57	\$0.00
July 13, 2018	G0283	0.23 Not the highest	1	\$11.14	$58.31/35.9996 \times \$11.14 = \18.04	\$18.04	\$0.00
July 17, 2018	97110	0.4 Not the highest	4	\$24.48	$58.31/35.9996 \times \$24.48 \times 4 = \158.60	\$118.95	\$39.65
July 17, 2018	97140	0.35 Not the highest	2	\$22.50	$58.31/35.9996 \times \$22.50 \times 2 = \72.89	\$0.00	\$72.89
July 17, 2018	97112	0.47 Highest	1	\$36.16	$58.31/35.9996 \times \$36.16 = \58.57	\$58.57	\$0.00
July 17, 2018	G0283	0.23 Not the highest	1	\$11.14	$58.31/35.9996 \times \$11.14 = \18.04	\$18.04	\$0.00

July 24, 2018	97110	0.4 Not the highest	4	\$24.48	$58.31/35.9996 \times \$24.48 \times 4 = \158.60	\$118.95	\$39.65
July 24, 2018	97140	0.35 Not the highest	2	\$22.50	$58.31/35.9996 \times \$22.50 \times 2 = \72.89	\$0.00	\$72.89
July 24, 2018	97112	0.47 Highest	1	\$36.16	$58.31/35.9996 \times \$36.16 = \58.57	\$58.57	\$0.00
July 24, 2018	G0283	0.23 Not the highest	1	\$11.14	$58.31/35.9996 \times \$11.14 = \18.04	\$18.04	\$0.00
July 25, 2018	97110	0.4 Not the highest	4	\$24.48	$58.31/35.9996 \times \$24.48 \times 4 = \158.60	\$118.95	\$39.65
July 25, 2018	97140	0.35 Not the highest	2	\$22.50	$58.31/35.9996 \times \$22.50 \times 2 = \72.89	\$0.00	\$72.89
July 25, 2018	97112	0.47 Highest	1	\$36.16	$58.31/35.9996 \times \$36.16 = \58.57	\$58.57	\$0.00
July 25, 2018	G0283	0.23 Not the highest	1	\$11.14	$58.31/35.9996 \times \$11.14 = \18.04	\$18.04	\$0.00
July 27, 2018	97110	0.4 Not the highest	4	\$24.48	$58.31/35.9996 \times \$24.48 \times 4 = \158.60	\$118.95	\$39.65
July 27 2018	97140	0.35 Not the highest	2	\$22.50	$58.31/35.9996 \times \$22.50 \times 2 = \72.89	\$0.00	\$72.89
July 27, 2018	97112	0.47 Highest	1	\$36.16	$58.31/35.9996 \times \$36.16 = \58.57	\$58.57	\$0.00
July 27, 2018	G0283	0.23 Not the highest	1	\$11.14	$58.31/35.9996 \times \$11.14 = \18.04	\$18.04	\$0.00
July 31 2018	97110	0.4 Not the highest	4	\$24.48	$58.31/35.9996 \times \$24.48 \times 4 = \158.60	118.95	\$39.65
July 31, 2018	97140	0.35 Not the highest	2	\$22.50	$58.31/35.9996 \times \$22.50 \times 2 = \72.89	\$0.00	\$72.89
July 31, 2018	97112	0.47 Highest	1	\$36.16	$58.31/35.9996 \times \$36.16 = \58.57	\$58.57	\$0.00
July 31, 2018	G0283	0.23 Not the highest	1	\$11.14	$58.31/35.9996 \times \$11.14 = \18.04	\$18.04	\$0.00
				Total	\$2,772.90	\$1,760.04	\$1,012.86

3. The total allowable reimbursement for the services in dispute is \$2,772.90. The carrier made a total payment of \$1,760.04. The remaining balance of \$1,012.86 is due to the requestor.

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 \$1,012.86.

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 \$1,012.86, plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days

Authorized Signature

		April 24, 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.