



# 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

TEXAS HEALTH OF PLANO

Respondent Name

HARTFORD CASUALTY INSURANCE COMPANY

MFDR Tracking Number

M4-19-3339-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

March 4, 2019

#### REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Bundling. Please see added billing modifier 59 to CPTs 97018 for DOS 08/02/18-08/09/18 as these codes should not bundle and should pay separately."

Amount in Dispute: \$231.84

#### RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT 97140 is a Column 2 code, therefore, would be inclusive to CPT 97012."

Response Submitted by: The Hartford

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
August 2, 2018 to August 9, 2018	Outpatient Physical & Occupational Therapy	\$231.84	\$35.04

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and 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 §134.403 sets out the hospital facility fee guideline for outpatient services.
- 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
- Rule §133.307(d)(1) provides that responses will be deemed timely if received by the division within 14 days after the respondent received the requestor's dispute. "If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information" The findings and decision in this dispute are based on the information available at the time of review.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 18 – EXACT DUPLICATE CLAIM/SERVICE
  - 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE
  - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
  - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
  - 1115 - WE FIND THE ORIGINAL REVIEW TO BE ACCURATE AND ARE UNABLE TO RECOMMEND ANY ADDITIONAL ALLOWANCE

- 97 – THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- 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.

### Issues

Is the requestor entitled to additional reimbursement?

### Findings

This dispute regards outpatient physical and occupational therapy services not paid under Medicare's Outpatient Prospective Payment System but using Medicare's Physician Fee Schedule. *DWC Hospital Fee Guideline* §134.403(h) requires use of the fee guideline applicable to the code on the date provided if Medicare reimburses using other fee schedules. *DWC Professional Fee Guideline* Rule §134.203(c) requires the maximum allowable reimbursement (MAR) be determined by applying Medicare payment policies modified by DWC rules. The MAR is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by a DWC conversion factor.

When more than one unit is billed of therapy services designated by multiple-procedure payment indicator '5', Medicare policy requires the first unit of therapy with the highest practice expense for that day be 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 97012 (August 6 and August 8, 2018) has a Work RVU of 0.25 multiplied by the Work GPCI of 1 is 0.25. The practice expense RVU of 0.16 multiplied by the PE GPCI of 0.938 is 0.15008. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.40804 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$23.79. 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 for these dates. The PE reduced rate is \$19.42, for 2 visits totals **\$38.84**.
- Procedure code 97110 (August 3, August 6, and August 8, 2018) has a Work RVU of 0.45 multiplied by the Work GPCI of 1 is 0.45. The practice expense RVU of 0.4 multiplied by the PE GPCI of 0.938 is 0.3752. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.796 is 0.01592. The sum is 0.84112 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$49.05. This code has the highest PE for these dates. The first unit is paid in full at \$49.05, for 3 visits totals **\$147.15**.
- Procedure code 97140 (August 3, 2018) has a Work RVU of 0.43 multiplied by the Work GPCI of 1 is 0.43. The practice expense RVU of 0.35 multiplied by the PE GPCI of 0.938 is 0.3283. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.76626 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$44.68. The PE for this code is not the highest for this date, Medicare's multiple procedure policy reduces payment by 50% of the practice expense to \$35.11 at 2 units is **\$70.22**.
- Per Medicare Correct Coding Initiative (CCI) edit policy, code 97140 (August 6 and August 8, 2018) may not be reported with CPT 97012 billed on these same dates. Separate payment may be justified if an appropriate modifier is billed. The provider did not bill the code with an appropriate modifier. Payment is included with reimbursement for the primary procedure. Separate payment is not recommended.
- Per Medicare Correct Coding Initiative (CCI) edit policy, code 97018 (August 2, August 6, and August 9, 2018) may not be reported with 97140 billed on these same dates. The provider did not append an appropriate modifier to distinguish separate services subject to any exception to the policy. Payment for these services is included in the reimbursement for the primary procedure. Separate payment is not recommended.
- Procedure code 97035 (August 2, August 6, and August 9, 2018) has a Work RVU of 0.21 multiplied by the Work GPCI of 1 is 0.21. The practice expense RVU of 0.16 multiplied by the PE GPCI of 0.938 is 0.15008. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.36804 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$21.46. The PE for this code is not the highest for these dates, Medicare multiple procedure policy reduces payment by 50% of the practice expense to \$17.08, for 3 visits totals **\$51.24**.

- Procedure code 97110 (August 6, 2018) has a Work RVU of 0.45 multiplied by the Work GPCI of 1 is 0.45. The practice expense RVU of 0.4 multiplied by the PE GPCI of 0.938 is 0.3752. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.796 is 0.01592. The sum is 0.84112 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$49.05. The PE for this code is not the highest for this date, Medicare’s multiple procedure policy reduces payment by 50% of the practice expense to **\$38.11**.
- Procedure code 97110 (August 2 and August 9, 2018) has a Work RVU of 0.45 multiplied by the Work GPCI of 1 is 0.45. The practice expense RVU of 0.4 multiplied by the PE GPCI of 0.938 is 0.3752. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.796 is 0.01592. The sum is 0.84112 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$49.05. This code has the highest PE for these dates. The first unit is paid in full at \$49.05, for 2 visits totals **\$98.10**.
- Procedure code 97140 (August 2, August 6, and August 9, 2018) has a Work RVU of 0.43 multiplied by the Work GPCI of 1 is 0.43. The practice expense RVU of 0.35 multiplied by the PE GPCI of 0.938 is 0.3283. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.76626 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$44.68. The PE for this code is not the highest for these dates, Medicare multiple procedure policy reduces payment by 50% of the practice expense to \$35.11, for 3 visits totals **\$105.33**.

The total allowable reimbursement for the disputed services is \$548.99. The insurance carrier paid \$513.95. The amount remaining due is **\$35.04**. This amount is recommended.

**Conclusion**

The division emphasizes the findings in this decision are based on the available evidence presented by the requestor and respondent up to 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 **\$35.04**.

***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 **\$35.04**, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

**Authorized Signature**

Signature	Grayson Richardson Medical Fee Dispute Resolution Officer	April 5, 2019 Date
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***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 division must receive the request within **twenty days** of your receipt of this decision. The request may be faxed, mailed or personally delivered either to the division, using the contact information listed on the form, or to the field office handling the claim.

The party seeking review must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Include a copy of this *Medical Fee Dispute Resolution Findings and Decision*** together with any other information required by 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.