



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 ALLEN

Respondent Name

NEW HAMPSHIRE INSURANCE COMPANY

MFDR Tracking Number

M4-19-3374-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

March 4, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Underpaid/Denied Physical Therapy Rate."

Amount in Dispute: \$224.93

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "New Hampshire Insurance Company has issued two payments back on 8/24/2018 in the amount of \$429.82 and on 1/24/2019 another \$183.37 was paid for a total amount of \$613.19."

Response Submitted by: AIG Claims, Inc.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: July 2, 2018 to July 18, 2018, Outpatient Occupational Therapy, \$224.93, \$0.00

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

- 1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the hospital facility fee guideline for outpatient services.
3. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
4. The insurance carrier reduced payment for disputed services with the following claim adjustment remarks:
- Workers' compensation jurisdictional fee schedule adjustment.
- Your billing has been reviewed using the National Correct Coding Initiative (NCCI) edits. A procedure code has been billed which is not allowed separate reimbursement when performed in addition to another procedure or other procedures billed on this date.
- Your billing has been paid in accordance with the Inpatient Hospital Fee Schedule or the Outpatient Fee Schedule.
- The charge for the procedure exceeds the amount indicated in the fee schedule.
- Previously paid. Payment for this claim/service may have been provided in a previous payment.
- DUPLICATE CHARGE
- The provider has billed for the exact services on a previous bill.

- The Benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day.
- Additional payment made on appeal/reconsideration.

Issues

Is the requestor entitled to additional reimbursement?

Findings

This dispute regards occupational therapy services performed in an outpatient facility. Such services are not paid under Medicare's Outpatient Prospective Payment System (OPPS) but using Medicare's Physician Fee Schedule. Per *DWC's Hospital Facility Fee Guideline*, Rule §134.403(h), if Medicare reimburses using other fee schedules, services are paid using DWC guidelines applicable to the code on the date provided. *DWC Medical Fee Guideline for Professional Services*, 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 the DWC annual 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:

- Per Medicare policy regarding CCI (Correct Coding Initiative) edits, procedure code 97018, July 11, 2018, may not be reported with code 97140 billed on this same claim. Payment for this service is included in the reimbursement for the primary procedure.
- Procedure code 97140, July 2, July 11, and July 18, 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. 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 \$35.11. This amount multiplied by 3 visits is \$105.33.
- Procedure code 97140, July 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. 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 this date. The PE reduced rate is \$35.11 at 2 units is \$70.22.
- Per Medicare payment policy, evaluation code 97168, July 2 and July 11, 2018, is not payable when billed with other occupational therapy services performed on this same date. Payment for evaluation is included with reimbursement for the therapy services rendered.

The total MAR (maximum allowable reimbursement) for the services in dispute is \$175.55. The insurance carrier previously paid \$380.80. The amount due to the requestor is \$0.00. 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

| | | |
|-----------|--|-----------------------|
| _____ | <u>Grayson Richardson</u> | <u>March 22, 2019</u> |
| 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 DWCO45M) 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.