



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 GARLAND INC

Respondent Name

HARTFORD CASUALTY INSURANCE COMPANY

MFDR Tracking Number

M4-19-3489-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

March 19, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "These services were unnecessarily reduced... these claims should be PAID IN FULL to prevent IRO (Independent Review Organization) and MFDR (Medical Fee Dispute Resolution)."

Amount in Dispute: \$145.94

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This dispute involves physical therapy service performed in an office setting. These services are processed using Medicare's Physician Fee Schedule rate... Attached please find our review of the disputed services and breakdown of payment."

Response Submitted by: The Hartford

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
January 22, 2019	97110-GP, 97112-GP and 97140-GP	\$145.94	\$62.83

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, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 19 – Benefit maximum for this time period or occurrence has been reached
 - 63 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules
 - 68 – Billed charge is greater than maximum unit value or daily maximum allowance for physical therapy/physical medicine services
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
 - 309 – The charge for this procedure exceeds the fee schedule allowance
 - P12 – Workers Compensation jurisdictional fee schedule adjustment
 - 1115 – We find the original review to be accurate and are unable to recommend any additional allowance

Issue(s)

1. What is the applicable rule for determining reimbursement for the disputed services?
2. Does the MPPR policy apply to the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks additional reimbursement for CPT Codes 97110-GP, 97112-GP and 97140-GP rendered on January 22, 2019. The insurance carrier denied/reduced the disputed services with claim adjustment reason code P12 – “Workers compensation jurisdictional fee schedule adjustment”, 63 – “The charge for this procedure exceeds the unit value and/or the multiple procedure rules,” and 68 – “Billed charge is greater than maximum unit value or daily maximum allowance for physical therapy/physical medicine services.”

28 Texas Administrative Code §134.203 (b) states in pertinent part, “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 insurance carrier issued partial payments for the services in dispute. The Division will therefore review and determine whether the requestor is entitled to additional reimbursement.

2. The Medicare payment policy is found in the Medicare Claims Processing Manual, Chapter 5, Section, 10.7 which states in pertinent part, “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. 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. To determine which services will receive the MPPR, contractors shall rank services according to the applicable PE relative value units (RVU) and price the service with the highest PE RVU at 100% and apply the appropriate MPPR to the remaining services:

28 Texas Administrative Code §134.203 states in pertinent part, “(c) 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 \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...”

- Procedure code 97110, January 22, 2019, has a Work RVU of 0.45 multiplied by the Work GPCI of 1.012 is 0.4554. The practice expense RVU of 0.4 multiplied by the PE GPCI of 1.014 is 0.4056. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.768 is 0.01536. The sum is 0.87636 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$51.87. 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 \$39.87 at 4 units is \$159.48. The insurance carrier issued a payment in the amount of \$78.56.
- Procedure code 97112, January 22, 2019, has a Work RVU of 0.5 multiplied by the Work GPCI of 1.012 is 0.506. The practice expense RVU of 0.47 multiplied by the PE GPCI of 1.014 is 0.47658. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.768 is 0.01536. The sum is 0.99794 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$59.07. 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 \$59.07. The PE reduced rate is \$44.96. The total is \$104.03. The insurance issued a payment in the amount of \$102.50.
- Procedure code 97140, January 22, 2019, has a Work RVU of 0.43 multiplied by the Work GPCI of 1.012 is 0.43516. The practice expense RVU of 0.35 multiplied by the PE GPCI of 1.014 is 0.3549. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.768 is 0.00768. The sum is 0.79774 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$47.22. 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 \$36.71 at 2 units is \$73.42. The insurance carrier issued a payment in the amount of \$93.04.

The insurance carrier issued a payment totaling \$274.10, for the disputed CPT Codes. The total MAR amount is \$336.93. Total payments issued, (\$274.10 - \$336.93) minus the MAR amount is \$62.83, therefore this amount is recommended.

3. Review of the submitted documentation finds that the requestor is entitled to an additional reimbursement in the amount of \$62.83, therefore this amount is recommended.

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 \$62.83.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$62.83 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	Date

April 18, 2019

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 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 with the Division. **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.