



# 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 HEB

Respondent Name

HARTFORD CASUALTY INSURANCE COMPANY

MFDR Tracking Number

M4-19-3644-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

April 1, 2019

#### REQUESTOR'S POSITION SUMMARY

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

Amount in Dispute: \$79.95

#### RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "These services are processed using Medicare's Physician Fee Schedule rate."

Response Submitted by: The Hartford

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
August 22, 2018 to August 30, 2018	Hospital Physical & Occupational Therapy	\$79.95	\$5.39

#### 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.
- Texas Labor Code §408.021 entitles an injured employee to all required health care as and when needed.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 107 – CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PREVIOUSLY PAID OR IDENTIFIED ON THIS CLAIM.
  - 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
  - 170 – REIMBURSEMENT IS BASED ON THE OUTPATIENT/INPATIENT FEE SCHEDULE.
  - 246 – THIS NON-PAYABLE CODE IS FOR REQUIRED REPORTING ONLY.
  - P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
  - 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

## Issues

1. Is the injured employee subject to a benefit maximum?
2. Is the requestor entitled to additional reimbursement?

## Findings

1. The insurance carrier denied disputed services with claim adjustment reason codes:

- 119 – BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED

While the division has adopted Medicare *payment* policies in administering the workers' compensation medical fee guidelines, it has not adopted Medicare's *benefit* limitations. Texas Labor Code §408.021(a) entitles injured employees "to all health care reasonably required by the nature of the injury as and when needed."

The insurance carrier did not present any information to support that the injured employee or the disputed services were subject to a "benefit maximum." This denial reason is not supported. The services will therefore be reviewed for reimbursement in accordance with division rules and fee guidelines.

2. 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* Rule §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.

Only procedure codes 97161, 97140 and G0283 are in dispute. However, Medicare's multiple procedure payment reduction policies require reimbursement for therapy charges to be calculated based on accompanying charges billed. Additionally, the carrier paid more than the maximum allowable reimbursement for certain lines. For these reasons, the reimbursement for all charges on the bill will be calculated to determine any remaining amount due.

Reimbursement is calculated as follows:

- Procedure code 97161 (August 22, 2018) has a Work RVU of 1.2 multiplied by the Work GPCI of 1 is 1.2. The practice expense RVU of 1.13 multiplied by the PE GPCI of 0.938 is 1.05994. The malpractice RVU of 0.05 multiplied by the malpractice GPCI of 0.796 is 0.0398. The sum is 2.29974 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$134.10. The PE for this code is not the highest for this date. Payment is thus reduced by 50% of the practice expense. The PE reduced rate is \$103.20.
- Procedure codes G8978, G8979, G8987 and G8988 (August 22, 2018) have status indicator Q, denoting functional information codes used for reporting purposes only. No separate payment is made.
- Procedure code G0283 (August 22, 2018) has a Work RVU of 0.18 multiplied by the Work GPCI of 1 is 0.18. The practice expense RVU of 0.23 multiplied by the PE GPCI of 0.938 is 0.21574. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.4037 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$23.54. The PE for this code is not the highest for this date. Payment is thus reduced by 50% of the practice expense. The PE reduced rate is \$17.25.
- Procedure code 97165 (August 22, 2018) has a Work RVU of 1.2 multiplied by the Work GPCI of 1 is 1.2. The practice expense RVU of 1.32 multiplied by the PE GPCI of 0.938 is 1.23816. The malpractice RVU of 0.05 multiplied by the malpractice GPCI of 0.796 is 0.0398. The sum is 2.47796 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$144.49. This code has the highest PE for this date. The first unit is paid without reduction of the practice expense. The MAR is \$144.49.
- Procedure code 97010 (August 28, 2018) has status indicator B, denoting a bundled code. Reimbursement is included with payment for other services to which this code is incident.

- Procedure code 97110-GO (August 28, 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. 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 \$49.05. The PE reduced rate for the second unit is \$38.11. The total is \$87.16.
- Procedure code 97110-GP (August 28, 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. Although this code has the highest PE, it is the third unit of code 97110 billed for the same date; payment is thus reduced by 50% of the practice expense. The MAR is \$38.11.
- Procedure code 97140 (August 28, 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. The PE reduced rate is \$35.11.
- Procedure code G0283 (August 28, 2018) has a Work RVU of 0.18 multiplied by the Work GPCI of 1 is 0.18. The practice expense RVU of 0.23 multiplied by the PE GPCI of 0.938 is 0.21574. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.4037 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$23.54. The PE for this code is not the highest. The PE reduced rate is \$17.25.
- Procedure code 97010 (August 30, 2018) has status indicator B, denoting a bundled code. Reimbursement is included with payment for other services to which this code is incident.
- Procedure code 97110 (August 30, 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 this date. The first unit is paid at \$49.05. The PE reduced rate for the second unit is \$38.11. The total is \$87.16.
- Procedure code G0283 (August 30, 2018) has a Work RVU of 0.18 multiplied by the Work GPCI of 1 is 0.18. The practice expense RVU of 0.23 multiplied by the PE GPCI of 0.938 is 0.21574. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.4037 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$23.54. The PE for this code is not the highest. The PE reduced rate is \$17.25.

The total allowable reimbursement for the disputed services is \$546.98. The insurance carrier paid \$541.59. The amount due is \$5.39. This amount is recommended.

### Conclusion

In resolving disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the division is to adjudicate the payment, given the relevant statutory provisions and division rules. The findings in this decision are based on the evidence available at 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 \$5.39.

**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 \$5.39, 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

Grayson Richardson

April 23, 2019

**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.