



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Patient Care Injury Clinic

Respondent Name

Accident Fund National Insurance Co

MFDR Tracking Number

M4-19-3870-01

Carrier's Austin Representative

Box Number 6

MFDR Date Received

April 22, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We submitted our bills and proper clinical documentation in a timely in accordance with Texas Department rules and regulations."

Amount in Dispute: \$1,100.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Based on the audit company review, Accident Fund's position is that no additional payment is owed to the provider."

Response Submitted by: Stone Loughlin Swanson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 17 – 19, 2018 January 3 – 28, 2019	Physical therapy services	\$1,100.70	\$879.53

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:
 - 119 – Benefit maximum for this time period or occurrence has been reached
 - 183 – Billed charge is greater than maximum unit value or daily maximum allowance for physical therapy/physical medicine services
 - P12 – Workers' compensation jurisdictional fee schedule adjustment

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

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

Findings

1. The requestor is seeking additional reimbursement in the amount of \$1,100.70 for physical therapy services rendered from December 17, 2018 through January 28, 2019. The carrier denied/reduced the services in dispute as, 119 – "Benefit maximum for this time period or occurrence has been reached" and 183 – Billed charge is greater than maximum unit value or daily maximum allowance for physical therapy/physical medicine services."

Review of the submitted documentation found insufficient evidence to support the basis of the "benefit maximum." This denial will not be considered in this review.

The services in dispute will be reviewed per applicable fee guideline(s) shown below.

2. 28 Texas Administrative Code 134.203 (a) (5) and (b) (1) states in pertinent part,
"Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.
(b) 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;

The Centers for Medicare and Medicaid Claims Processing Manual, Chapter 5, states in applicable section 10.7,

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 calculation of the maximum allowable reimbursement is shown in the next paragraph.

3. 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 Medicare Multiple Procedure Payment Reduction file is found at:

The MAR calculation includes all services billed on the disputed date of service to correctly apply the MPPR reduction and is as follows:

Date of service	Submitted Code	PE Value	Allowable	Units	MAR
December 17, 2018	97110	0.4	\$24.48	4	$58.31/35.9996 \times \$24.48 \times 4 = \158.60
December 17, 2018	97140	0.5	\$25.14	2	$58.31/35.9996 \times \$25.14 \times 2 = \81.44
December 17, 2018	97112	0.47 Highest	\$36.16	1	$58.31/35.9996 \times \$36.16 = \58.57
December 17, 2018	G0283	0.23	\$11.14	1	$58.31/35.9996 \times \$11.14 = \18.04
December 19, 2018	97110	0.4	\$24.48	4	$58.31/35.9996 \times \$24.48 \times 4 = \158.60
December 19, 2018	97140	0.5	\$25.14	2	$58.31/35.9996 \times \$25.14 \times 2 = \81.44
December 19, 2018	97112	0.47 Highest	\$36.16	1	$58.31/35.9996 \times \$36.16 = \58.57
December 19, 2018	G0283	0.23	\$11.14	1	$58.31/35.9996 \times \$11.14 = \18.04
January 3, 2019	97110	0.4	\$24.51	4	$59.19/36.0391 \times \$24.51 \times 4 = \161.02
January 3, 2019	97140	0.35	\$22.53	2	$59.19/36.0391 \times \$22.53 \times 2 = \74.01
January 3, 2019	97112	0.47 Highest	\$36.20	1	$59.19/36.0391 \times \$36.20 = \59.45
January 3, 2019	G0283	0.21	\$10.78	1	$59.19/36.0391 \times \$10.78 = \$10.78 = \$17.70$
January 7, 2019	97110	0.4	\$24.51	4	$59.19/36.0391 \times \$24.51 \times 4 = \161.02
January 7, 2019	97140	0.35	\$22.53	2	$59.19/36.0391 \times \$22.53 \times 2 = \74.01
January 7, 2019	97112	0.47 Highest	\$36.20	1	$59.19/36.0391 \times \$36.20 = \59.45
January 7, 2019	G0283	0.21	\$10.78	1	$59.19/36.0391 \times \$10.78 = \$10.78 = \$17.70$
January 9, 2019	97110	0.4	\$24.51	4	$59.19/36.0391 \times \$24.51 \times 4 = \161.02
January 9, 2019	97140	0.35	\$22.53	2	$59.19/36.0391 \times \$22.53 \times 2 = \74.01
January 9, 2019	97112	0.47 Highest	\$36.20	1	$59.19/36.0391 \times \$36.20 = \59.45

January 9, 2019	G0283	0.21	\$10.78	1	$59.19/36.0391 \times \$10.78 = \$10.78 = \$17.70$
January 14, 2019	97110	0.4	\$24.51	4	$59.19/36.0391 \times \$24.51 \times 4 = \161.02
January 14, 2019	97140	0.35	\$22.53	2	$59.19/36.0391 \times \$22.53 \times 2 = \74.01
January 14, 2019	97112	0.47 Highest	\$36.20	1	$59.19/36.0391 \times \$36.20 = \59.45
January 14, 2019	G0283	0.21	\$10.78	1	$59.19/36.0391 \times \$10.78 = \$10.78 = \$17.70$
January 16, 2019	97110	0.4	\$24.51	4	$59.19/36.0391 \times \$24.51 \times 4 = \161.02
January 16, 2019	97140	0.35	\$22.53	2	$59.19/36.0391 \times \$22.53 \times 2 = \74.01
January 16, 2019	97112	0.47 Highest	\$36.20	1	$59.19/36.0391 \times \$36.20 = \59.45
January 16, 2019	G0283	0.21	\$10.78	1	$59.19/36.0391 \times \$10.78 = \$10.78 = \$17.70$
January 18, 2019	97110	0.4	\$24.51	4	$59.19/36.0391 \times \$24.51 \times 4 = \161.02
January 18, 2019	97140	0.35	\$22.53	2	$59.19/36.0391 \times \$22.53 \times 2 = \74.01
January 18, 2019	97112	0.47 Highest	\$36.20	1	$59.19/36.0391 \times \$36.20 = \59.45
January 18, 2019	G0283	0.21	\$10.78	1	$59.19/36.0391 \times \$10.78 = \$10.78 = \$17.70$
January 23, 2019	97110	0.4	\$24.51	4	$59.19/36.0391 \times \$24.51 \times 4 = \161.02
January 23, 2019	97140	0.35	\$22.53	2	$59.19/36.0391 \times \$22.53 \times 2 = \74.01
January 23, 2019	97112	0.47 Highest	\$36.20	1	$59.19/36.0391 \times \$36.20 = \59.45
January 23, 2019	G0283	0.21	\$10.78	1	$59.19/36.0391 \times \$10.78 = \$10.78 = \$17.70$
January 24, 2019	97110	0.4	\$24.51	4	$59.19/36.0391 \times \$24.51 \times 4 = \161.02
January 24, 2019	97140	0.35	\$22.53	2	$59.19/36.0391 \times \$22.53 \times 2 = \74.01
January 24, 2019	97112	0.47 Highest	\$36.20	1	$59.19/36.0391 \times \$36.20 = \59.45
January 24, 2019	G0283	0.21	\$10.78	1	$59.19/36.0391 \times \$10.78 = \$10.78 = \$17.70$

January 28, 2019	97110	0.4	\$24.51	4	$59.19/36.0391 \times \$24.51 \times 4 =$ \$161.02
January 28, 2019	97140	0.35	\$22.53	2	$59.19/36.0391 \times \$22.53 \times 2 =$ \$74.01
January 28, 2019	97112	0.47 Highest	\$36.20	1	$59.19/36.0391 \times \$36.20 =$ \$59.45
January 24 2019	G0283	0.21	\$10.78	1	$59.19/36.0391 \times \$10.78 =$ \$10.78 = \$17.70
				Total	\$3,442.92

4. The total allowable reimbursement for the services in dispute is \$3,442.92. The carrier made a total payment of \$2,563.39. The remaining balance of \$879.53 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 \$879.53.

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 \$879.53, 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

May 14, 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, 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.