



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 ALLIANCE

Respondent Name

CITY OF FORT WORTH

MFDR Tracking Number

M4-19-4052-01

Carrier's Austin Representative

Box Number 04

MFDR Date Received

May 6, 2019

Response Submitted By

york

REQUESTOR'S POSITION SUMMARY

"PT services billed by a hospital on a UB are paid using the CMS calculation with the appropriate hospital uplift and physician conversion factors are NOT APPLICABLE."

RESPONDENT'S POSITION SUMMARY

"The bill was paid according PER SECTION 3134 OF THE AFFORDABLE CARE ACT; MULTIPLE PROCEDURE PAYMENT REDUCTION FOR SELECTED THERAPY SERVICES HAVE BEEN APPLIED TO THIS BILL ... The reduction applies to ... codes contained on the list of 'always therapy' services that are paid under the physician free schedule, regardless of the type of provider or supplier that furnishes the services ..."

SUMMARY OF DISPUTE

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: January 2, 2019 to January 16, 2019, Outpatient Occupational Therapy, \$90.11, \$0.00

AUTHORITY

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 the disputed services with the following claim adjustment codes:
- 59 - PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.
- 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.
- W3 - REPORTING PURPOSES ONLY.

Issues

Is the requestor entitled to additional reimbursement?

## Findings

This dispute regards outpatient 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.

Medicare multiple-procedure policy requires the first unit of the therapy code with the highest practice expense be paid in full. Payment is reduced by 50% of the practice expense or each extra unit of therapy (codes with multiple-procedure indicator 5) provided on that date. Reimbursement is calculated as follows:

- Procedure code 97022, January 2, 2019, has a Work RVU of 0.17 multiplied by the Work GPCI of 1.007 is 0.17119. The practice expense RVU of 0.33 multiplied by the PE GPCI of 0.986 is 0.32538. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.50404 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$29.83. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$20.20.
- Procedure code 97022, January 4, 2019, has a Work RVU of 0.17 multiplied by the Work GPCI of 1.007 is 0.17119. The practice expense RVU of 0.33 multiplied by the PE GPCI of 0.986 is 0.32538. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.50404 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$29.83. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$20.20.
- Procedure code 97035, January 2, 2019, has a Work RVU of 0.21 multiplied by the Work GPCI of 1.007 is 0.21147. The practice expense RVU of 0.17 multiplied by the PE GPCI of 0.986 is 0.16762. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.38656 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$22.88. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$17.92.
- Procedure code 97035, January 8, 2019, has a Work RVU of 0.21 multiplied by the Work GPCI of 1.007 is 0.21147. The practice expense RVU of 0.17 multiplied by the PE GPCI of 0.986 is 0.16762. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.38656 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$22.88. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$17.92.
- Procedure code 97035, January 10, 2019, has a Work RVU of 0.21 multiplied by the Work GPCI of 1.007 is 0.21147. The practice expense RVU of 0.17 multiplied by the PE GPCI of 0.986 is 0.16762. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.38656 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$22.88. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$17.92.
- Procedure code 97035, January 16, 2019, has a Work RVU of 0.21 multiplied by the Work GPCI of 1.007 is 0.21147. The practice expense RVU of 0.17 multiplied by the PE GPCI of 0.986 is 0.16762. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.38656 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$22.88. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$17.92.
- Procedure code 97140, January 2, 2019, has a Work RVU of 0.43 multiplied by the Work GPCI of 1.007 is 0.43301. The practice expense RVU of 0.35 multiplied by the PE GPCI of 0.986 is 0.3451. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.78558 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$46.50. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$36.29.
- Procedure code 97140, January 4, 2019, has a Work RVU of 0.43 multiplied by the Work GPCI of 1.007 is 0.43301. The practice expense RVU of 0.35 multiplied by the PE GPCI of 0.986 is 0.3451. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.78558 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$46.50. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$36.29.

- Procedure code 97140, January 8, 2019, has a Work RVU of 0.43 multiplied by the Work GPCI of 1.007 is 0.43301. The practice expense RVU of 0.35 multiplied by the PE GPCI of 0.986 is 0.3451. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.78558 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$46.50. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$36.29 at 2 units is \$72.58.
- Procedure code 97140, January 10, 2019, has a Work RVU of 0.43 multiplied by the Work GPCI of 1.007 is 0.43301. The practice expense RVU of 0.35 multiplied by the PE GPCI of 0.986 is 0.3451. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.78558 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$46.50. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$36.29.
- Procedure code 97140, January 16, 2019, has a Work RVU of 0.43 multiplied by the Work GPCI of 1.007 is 0.43301. The practice expense RVU of 0.35 multiplied by the PE GPCI of 0.986 is 0.3451. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.747 is 0.00747. The sum is 0.78558 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$46.50. The PE for this code is not the highest. Medicare multiple-procedure payment reduction policy applies; the PE reduced rate is \$36.29.

The total allowable reimbursement for the disputed services is \$329.82. The insurance carrier paid \$329.81. No additional payment 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 the requestor has not established that additional payment is due. As a result, the amount ordered is \$0.00.

***ORDER***

In accordance with Texas Labor Code §413.031, based on the information submitted for review, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

	Grayson Richardson	May 31, 2019
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 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.