



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

Millennium Chiropractic

Respondent Name

Trumbull Insurance Co

MFDR Tracking Number

M4-19-4425-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

June 7, 2019

Response Submitted by:

The Hartford

REQUESTOR'S POSITION SUMMARY

"The physical therapy services rendered on above dates of service were pre-authorized by the carrier... and were performed and billed in accordance with the ODG and Medical Fee Guideline, and MUST BE PAID."

RESPONDENT'S POSITION SUMMARY

"These services are processed using Medicare's Physician Fee Schedule rate. Effective January 1, 2011, Medicare applied an MPPR (Multiple Procedure Payment Reduction Policy) to the Practice Expense (PE) payment of select therapy services paid under the physician fee schedule or paid at the physician fee schedule rate. Rule 133.307 (c) (1) (A) provides: A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

SUMMARY OF FINDINGS

Date of Service	Disputed Services	Amount in Dispute	Amount Ordered
March 15, 2018 through May 3, 2018	Physical therapy services	\$820.27	\$0.00 Past 1 year to MFDR
June 14, 2018 through August 23, 2018	Physical therapy services	\$620.66	\$122.00

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

- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules
- 309 – The charge for this procedure exceeds the fee schedule allowance
- P12 – Workers’ compensation jurisdictional fee schedule adjustment
- 168 – Billed charge is greater than maximum unit value or daily maximum allowance for physical therapy/physical medicine services

Findings

The requestor has submitted a request for MFDR for dates of service March 15, 2018 through August 23, 2018. 28 TAC §133.307(c)(1)(A) requires a request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph to be filed no later than on year after the date(s) of service in dispute.

The dates of the service March 15, 2018 through May 3, 2018 was received in the Medical Dispute Resolution (MDR) section on June 7, 2019. This date is later than one year after the dates of service in dispute.

Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307 (c)(1)(B). DWC concludes these disputed dates of service were not submitted timely and the requestor has waived the right to medical fee dispute for the dates of service March 15, 2018 through May 3, 2018.

Millennium Chiropractic asserts that it was not sufficiently paid for the services in dispute. The Hartford reduced the billed amount citing multiple procedure reductions. The Hartford issued payments totaling \$1,325.98. Millennium Chiropractic is seeking additional payment.

Applicable 28 TAC §134.203 (b) states that Medicare payment policies apply to professional services such as those at issue here. Because Medicare policies that form the basis of the carrier’s reductions, we first provide an explanation of those policies, then we will calculate a total allowable pursuant to the DWC fee guideline at 28 TAC §134.203. Finally, we will compare the total allowable amount to the total payments made by The Hartford to determine whether additional reimbursement is due.

1. *Does the Medicare multiple procedure payment policy apply to the services in dispute?*

The Medicare multiple procedure payment reduction policy is in the *Centers for Medicare and Medicaid Claims Processing Manual 100-04, Chapter 5, Part B Outpatient Rehabilitation and CORF/OPT Services, section 10.7.*

The codes subject to the CY2018 MPPR, their full price and the reduced prices are all listed in the *MPPR Rate File* found at <https://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

The DWC concludes that all service codes on the table of disputed services are subject to the MPPR policy.

2. *How does the MPPR apply to the services in dispute?*

Here is how the MPPR applies to each service in this dispute:

- The full Medicare price is allowed for the first unit or procedure with the highest Practice Expense (PE) payment factor.
- The MPPR price is applied to all subsequent units and procedures.
- All procedures that are billed on that day must be ranked to determine whether the MPPR price applies.

Review of the medical bills finds that four services were billed on **each day** in dispute.

Billed	Practice Expense	MPPR Policy	Medicare Price 2018
G0283	0.23	MPPR price	\$11.03
97140	0.35	MPPR price	\$22.33

97110	0.4	MPPR price	\$24.25
97112	0.47	Full payment (for the first unit)	\$35.93

Note that although code 97112 is not in dispute for dates of service in dispute, application of the MPPR policy results in a reduced payment for all the remaining codes.

- The DWC fee guideline 28 TAC §134.203 applies to the services in dispute and states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount. The table below illustrates the calculation of the total allowable reimbursement.

MPPR Payment and Full Payment

The first unit or procedure with the highest Practice Expense (PE) payment factor is paid at 100% of the Medicare rate while all subsequent units or procedures are paid at the MPPR rate found at <https://www.cms.gov/Medicare/Billing/TherapyServices/index.html> under the MPPR Rate Files

DWC MAR

The following formula represents the simplified calculation of the DWC MAR at §134.203 (c)(1) & (2).

$$\text{MAR} = \text{Medicare payment} \times (\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor})$$

or

$$\text{MAR} = \text{Medicare payment} \times (58.31 \div 35.9996)$$

Simplified to

$$\text{MAR} = \text{Medicare payment} \times 1.62$$

Billed

The billed amounts from the submitted professional bills or CMS 1500.

DWC Reimbursement

The lesser of the maximum allowable reimbursement (MAR) and the billed amount.

TABLE - Total Allowable Reimbursement for the Disputed Services

Date of service	Code	Units	MPPR Payment	Full Payment	DWC MAR	Billed	DWC Reimbursement
June 14, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \17.87	\$24.00	\$17.87
June 14, 2018	97140	2	\$22.33	---	$\$22.33 \times 2 \times 1.62 = \72.35	\$98.40	\$72.35
June 14, 2018	97110	4	\$24.25	---	$\$24.25 \times 4 \times 1.62 = \157.14	\$210.24	\$157.14
June 20, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \17.87	\$24.00	\$17.87
June 20, 2018	97140	2	\$22.33	---	$\$22.33 \times 2 \times 1.62 = \72.35	\$98.40	\$72.35
June 20, 2018	97110	4	\$24.25	---	$\$24.25 \times 4 \times 1.62 = \157.14	\$210.24	\$157.14
June 27, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \17.87	\$24.00	\$17.87
June 27, 2018	97140	2	\$22.33	---	$\$22.33 \times 2 \times 1.62 = \72.35	\$98.40	\$72.35

June 27, 2018	97110	4	\$24.25	---	$\$24.25 \times 4 \times 1.62 = \157.14	\$210.24	\$157.14	
August 1, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \17.87	\$24.00	\$17.87	
August 1, 2018	97140	2	\$22.33	---	$\$22.33 \times 2 \times 1.62 = \72.35	\$98.40	\$72.35	
August 1, 2018	97110	4	\$24.25	---	$\$24.25 \times 4 \times 1.62 = \157.14	\$210.24	\$157.14	
August 8, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \17.87	\$24.00	\$17.87	
August 8, 2018	97140	2	\$22.33	---	$\$22.33 \times 2 \times 1.62 = \72.35	\$98.40	\$72.35	
August 8, 2018	97110	4	\$24.25	---	$\$24.25 \times 4 \times 1.62 = \157.14	\$210.24	\$157.14	
August 23, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \17.87	\$24.00	\$17.87	
August 23, 2018	97140	1	\$22.33	---	$\$22.33 \times 1.62 = \36.17	\$49.20	\$36.17	
August 23, 2018	97110	4	\$24.25	---	$\$24.25 \times 4 \times 1.62 = \157.14	\$210.24	\$157.14	
Total allowable reimbursement								\$1,447.98

The total allowable DWC fee guideline reimbursement is \$1,447.98.

- Application of the MPPR and the applicable DWC fee guideline rule result in a total reimbursement amount of \$1,447.98 for the services in dispute. The carrier paid \$1,325.98. A balance of \$122.00 is due to the requestor.

Conclusion

For the reasons stated above, DWC finds that the requestor has established that additional reimbursement in the amount of \$122.00 is due.

ORDER

Based on the submitted information DWC has determined that the requestor is entitled to additional reimbursement. DWC hereby ORDERS the insurance carrier to remit to the requestor \$122.00 plus applicable accrued interest per 28 TAC §134.130 due within 30 days of receipt of this order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	October 18, 2019 Date
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RIGHT TO APPEAL

Either party to this medical fee dispute may seek review of this division decision. To appeal, submit form division Form-045M titled ***Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*** found at <https://www.tdi.texas.gov/forms/form20numeric.html>.

Follow the instructions on pages 3 and 4. The request must be received by DWC within twenty days of your receipt of this decision. This decision becomes final if the request for review of this decision is not timely made.

The request may be faxed, mailed or personally delivered to DWC using the contact information listed on the form or to the field office handling the claim.

If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, Option 3 or you may email your question to CompConnection@tdi.texas.gov

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a CompConnection 1-800-252-7031 opción 3, o correo electrónico a CompConnection@tdi.texas.gov