



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

Standard Fire Insurance Co

MFDR Tracking Number

M4-19-4428-01

Carrier's Austin Representative

Box Number 5

MFDR Date Received

June 7, 2019

Response Submitted by:

Flahive, Ogden & Latson

REQUESTOR'S POSITION SUMMARY

"The services rendered on the 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

"We are attaching additional EORs that have recommended additional reimbursement."

SUMMARY OF FINDINGS

Table with 4 columns: Date of Service, Disputed Services, Amount in Dispute, Amount Ordered. Row 1: June 13, 2018 through July 11, 2018, Therapy Services, \$1,686.57, \$383.79

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

- 1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P12 - Workers' compensation jurisdictional fee schedule adjustment
- 152 - Payment adjusted because the payer deems the information submitted does not support this length of service

Findings

Millennium Chiropractic asserts that it was not sufficiently paid for the services in dispute. Standard Fire Insurance Co reduced the billed amounts citing multiple procedure reductions, and in some instances denied payment based on its assertion that the documentation did not support the length of service billed. Standard Fire issued payments totaling \$1,596.17. 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 Standard Fire Insurance Co 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 June 13 through June 28, application of the MPPR policy results in a reduced payment for all the remaining codes.

3. *What documentation requirements apply to the services in dispute?*

Documentation requirements for therapy services are found in the Medicare Benefit Policy Manual 100-02, Chapter 15, Section 220.3B. This policy states that the **total** number of minutes must be documented for **timed codes**.

Review of the current procedural terminology descriptions for the services in dispute finds codes 97140, 97110 and 97112 are timed codes billed in 15-minute units. Code G0283 is not timed. Therefore, the total number of timed minutes should support the total number of units billed for codes 97140, 97110 and 97112.

4. The DWC fee guideline 28 TAC §134.203 (b)(1) 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 13, 2018	G0283	1	\$11.03	---	$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
June 13, 2018	97140	2	\$22.33	---	$(22.33 \times 2) \times 1.62 = \72.35	\$98.40	\$72.35
June 13, 2018	97110	4	\$24.25	---	$(24.25 \times 4) \times 1.62 = \157.14	\$210.24	\$157.14
June 14, 2018	G0283	1	\$11.03	---	$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
June 14, 2018	97140	1	\$22.33	---	$22.33 \times 1.62 = \$36.17$	\$49.20	\$36.17
June 14, 2018	97110	4	\$24.25	---	$(24.25 \times 4) \times 1.62 = \157.14	\$210.24	\$157.14
June 21, 2018	G0283	1	\$11.03	---	$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
June 21, 2018	97140	2 Billed 1 Documented \$22.33			$22.33 \times 1.62 = \\$36.17$	\$98.40	\$36.17
June 21, 2018	97110	4	\$24.25	---	$(24.25 \times 4) \times 1.62 = \157.14	\$210.24	\$157.14
June 25, 2018	G0283	1	\$11.03	---	$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87

June 25, 2018	97140	2	\$22.33	---	$(22.33 \times 2) \times 1.62 = \72.35	\$98.40	\$72.35
June 25, 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
June 28, 2018	G0283	1	\$11.03	---	$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
June 28, 2018	97140	1	\$22.33	---	$22.33 \times 1.62 = \$36.17$	\$49.20	\$36.17
June 28, 2018	97110	4	\$24.25	---	$(24.25 \times 4) \times 1.62 = \157.14	\$210.24	\$157.14
July 9, 2018	G0283	1	\$11.03	---	$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
July 9, 2018	97140	2	\$22.33	---	$(22.33 \times 2) \times 1.62 = \72.35	\$98.40	\$72.35
July 9, 2018	97110	4	\$24.25	---	$(24.25 \times 4) \times 1.62 = \157.14	\$210.24	\$157.14
July 9, 2018	97112	1	---	\$35.93	$35.93 \times 1.62 = \$58.21$	\$54.81	\$54.81
July 11, 2018	G0283	1	\$11.03	---	$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
July 11, 2018	97140	2	\$22.33	---	$(22.33 \times 2) \times 1.62 = \72.35	\$98.40	\$72.35
July 11, 2018	97110	4	\$24.25	---	$(24.25 \times 4) \times 1.62 = \157.14	\$210.24	\$157.14
July 11, 2018	97112	1	---	\$35.93	$35.93 \times 1.62 = \$58.21$	\$54.81	\$54.81
Total Allowable Reimbursement							\$1,979.96

****Only one unit of 97140 joint mobilization is supported. See "Patient Daily Note" for June 21, 2018, treatments performed (bottom right hand corner of the daily note, and "REHABILITATIVE EXERCISES DAILY NOTE." No indication that second unit - myofascial release - is documented.***

The total allowable DWC fee guideline reimbursement for the services in dispute is \$1,979.96

- Application of the MPPR and review of the documentation provided finds that the total DWC reimbursement for the services in dispute is \$1,979.96. The carrier paid a total of \$1,596.17 for the disputed services. An additional payment of \$383.79 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 \$383.79.

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 \$383.79, 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

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 the DWC using the contact information listed on the form or to a DWC field office.

If you have questions about the 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