



# 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**

Allen ISD

**MFDR Tracking Number**

M4-19-4429-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

June 7, 2019

#### REQUESTOR'S POSITION SUMMARY

"The services rendered on the above dates of service were pre-authorized by the carrier (see enclosed pre-authorization letter), and were performed and billed in accordance with the ODG and Medical Fee Guideline, and must be paid."

#### RESPONDENT'S POSITION SUMMARY

Submitted documentation does not include a position statement from the respondent. Accordingly, this decision is based on the information available at the time of review.

#### SUMMARY OF FINDINGS

Date of Service	Disputed Services	Amount in Dispute	Amount Ordered
May 24, 2018 through May 30, 2018	Physical therapy services	\$147.00	\$0.00 Past 1 year to MFDR
June 18, 2018 through August 2, 2018	Physical therapy services	\$1,721.98	\$79.21

#### 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:
  - 59 – Processed based on multiple or concurrent procedure rules
  - P12 – Workers compensation jurisdictional fee schedule adjustment

## **Findings**

The Austin carrier representative for Allen ISD acknowledged receipt of the copy of this medical fee dispute on June 18, 2019. 28 TAC §133.307 states in relevant part, "The response shall be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute."

Review of the documentation finds no response has been received on behalf of Allen ISD from insurance carrier's representative to date. DWC concludes the insurance carrier failed to respond within the requirements of §133.307 (d)(1). The division will base its decision on the information available.

Millennium Chiropractic is submitting a request for MFDR for physical therapy services performed on May 24, 2018 and May 30, 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 one year after the date(s) of services in dispute.

The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on June 7, 2019. This date is later than one year after the date(s) of service in dispute.

Review of the submitted documentation finds no issues identified in §133.307 (c)(1)(B). DWC concludes these disputed dates of services were not submitted timely and the requestor has waived the right to medical fee dispute for the dates of service May 24, 2018 and May 30, 2018.

Millennium Chiropractic asserts that it was not sufficiently paid for the services in dispute. York Risk Services Group reduced the billed amounts citing multiple procedure reductions. York Risk Services Group issued payments for the disputed services eligible for dispute totaling \$5,441.68. 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 York Risk Services Group 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 three 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	Full payment (for the first unit) MPPR price	\$31.55 \$24.25

3. The DWC fee guideline 28 TAC §134.203 (h) 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 18, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
June 18, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
June 18, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96

June 19, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
June 19, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
June 19, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96
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	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
June 20, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96
June 21, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
June 21, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
June 21, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96
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	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
June 25, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96
June 28, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
June 28, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
June 28, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96
July 2, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
July 2, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
July 2, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$	\$210.24	\$168.96

July 2, 2018					$1.62 \times \$24.25 \times 3 = \$117.85$		
July 5, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
July 5, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
July 5, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96
July 10, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
July 10, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
July 10, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96
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	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
July 11, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96
July 12, 2018	G0283	1	\$11.03	---	$1.62 \times \$11.03 = \$17.87$	\$24.00	\$17.87
July 12, 2018	97140	1	\$22.33	---	$1.62 \times \$22.33 = \$36.17$	\$49.20	\$36.17
July 12, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96
July 16, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
July 16, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34
July 16, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96
July 17, 2018	G0283	1	\$11.03	---	$\$11.03 \times 1.62 = \$17.87$	\$24.00	\$17.87
July 17, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34

July 17, 2018	97110	4	\$24.25	\$31.55	1.62 x 31.55 = \$51.11 1.62 x \$24.25 x 3 = \$117.85	\$210.24	\$168.96
July 18, 2018	G0283	1	\$11.03	---	\$11.03 x 1.62 = \$17.87	\$24.00	\$17.87
July 18, 2018	97140	2	\$22.33	---	1.62 x \$22.33 x 2 = \$72.34	\$98.40	\$72.34
July 18, 2018	97110	4	\$24.25	\$31.55	1.62 x 31.55 = \$51.11 1.62 x \$24.25 x 3 = \$117.85	\$210.24	\$168.96
July 19, 2018	G0283	1	\$11.03	---	1.62 x \$11.03 = \$17.87	\$24.00	\$17.87
July 19, 2018	97110	4	\$24.25	\$31.55	1.62 x 31.55 = \$51.11 1.62 x \$24.25 x 3 = \$117.85	\$210.24	\$168.96
July 23, 2018	G0283	1	\$11.03	---	1.62 x \$11.03 = \$17.87	\$24.00	\$17.87
July 23, 2018	97140	1	\$22.33	---	1.62 x \$22.33 = \$36.17	\$49.20	\$36.17
July 23, 2018	97110	4	\$24.25	\$31.55	1.62 x 31.55 = \$51.11 1.62 x \$24.25 x 3 = \$117.85	\$210.24	\$168.96
July 24, 2018	G0283	1	\$11.03	---	\$11.03 x 1.62 = \$17.87	\$24.00	\$17.87
July 24, 2018	97140	2	\$22.33	---	1.62 x \$22.33 x 2 = \$72.34	\$98.40	\$72.34
July 24, 2018	97110	4	\$24.25	\$31.55	1.62 x 31.55 = \$51.11 1.62 x \$24.25 x 3 = \$117.85	\$210.24	\$168.96
July 25, 2018	G0283	1	\$11.03	---	\$11.03 x 1.62 = \$17.87	\$24.00	\$17.87
July 25, 2018	97140	2	\$22.33	---	1.62 x \$22.33 x 2 = \$72.34	\$98.40	\$72.34
July 25, 2018	97110	4	\$24.25	\$31.55	1.62 x 31.55 = \$51.11 1.62 x \$24.25 x 3 = \$117.85	\$210.24	\$168.96
July 26, 2018	G0283	1	\$11.03	---	1.62 x \$11.03 = \$17.87	\$24.00	\$17.87
July 26, 2018	97140	1	\$22.33	---	1.62 x \$22.33 = \$36.17	\$49.20	\$36.17
July 26, 2018	97110	4	\$24.25	\$31.55	1.62 x 31.55 = \$51.11 1.62 x \$24.25 x 3 = \$117.85	\$210.24	\$168.96

July 30, 2018	G0283	1	\$11.03	---	$1.62 \times \$11.03 = \$17.87$	\$24.00	\$17.87	
July 30, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34	
July 30, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96	
August 1, 2018	G0283	1	\$11.03	---	$1.62 \times \$11.03 = \$17.87$	\$24.00	\$17.87	
August 1, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34	
August 1, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96	
August 2, 2018	G0283	1	\$11.03	---	$1.62 \times \$11.03 = \$17.87$	\$24.00	\$17.87	
August 2, 2018	97140	2	\$22.33	---	$1.62 \times \$22.33 \times 2 = \$72.34$	\$98.40	\$72.34	
August 2, 2018	97110	4	\$24.25	\$31.55	$1.62 \times 31.55 = \$51.11$ $1.62 \times \$24.25 \times 3 = \$117.85$	\$210.24	\$168.96	
Total allowable reimbursement								\$5,520.89

The total allowable DWC fee guideline reimbursement amount for the services in dispute is \$5,520.89

4. Application of the MPPR and review of the documentation provided finds that the total DWC reimbursement for the services in dispute is \$5,520.89 for the services in dispute. The insurance carrier paid \$5,441.68. An additional payment of \$79.21 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 \$79.21 is due.

***ORDER***

Based on the submitted information the division has determined that the requestor is entitled to additional reimbursement. DWC hereby ORDERS the insurance carrier to remit to the requestor \$79.21 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 DWC 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 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](mailto: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](mailto:CompConnection@tdi.texas.gov)