



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

Elite Healthcare Fort Worth

Respondent Name

Arch Indemnity Insurance Co

MFDR Tracking Number

M4-19-4660-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 25, 2019

Response Submitted by:

Gallagher Bassett

REQUESTOR'S POSITION SUMMARY

"Carrier is not paying according to authorization our facility received regarding this patient."

RESPONDENT'S POSITION SUMMARY

"Per escalated CV review of all submitted documentation, previous review maintained."

SUMMARY OF FINDINGS

Date of Service	Disputed Services	Amount in Dispute	Amount Ordered
December 4, 2018	97113, 97112, 97140	\$339.43	\$0.00

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:
 - P12 – Workers compensation jurisdictional fee schedule adjustment
 - 59 – Processed based on multiple procedure rules
 - 112 – Services not furnished directly to the patient and/or not documented

Issues

1. Is the insurance carrier's denials and reduction supported?
2. What is the total allowable reimbursement for disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

Elite Healthcare Fort Worth is seeking additional reimbursement physical therapy services rendered on December 4, 2018. The insurance carrier denied code 97113 based on lack of documentation and reduced code 97140 based on time not documented. All of the disputed services were reduced based on the multiple procedure discount rules."

1. Review of the submitted documentation found and "Encounter" note for the DOS that shows under Objective – Therapeutic Exercises were performed, Mobilization was performed, Manual traction was performed, Proprioceptive neuromuscular facilitation techniques were performed, Co-ordination techniques were performed.

The timed units that were documented are as follows:

- Warm up/Cardio - Treadmill/track 15 minutes
- Stretching - Thoracic Stretching /ROM 20 minutes
- Strengthening - Core work/Planks 5 minutes
- Strengthening Ab crunch 5 minutes
- Strengthening Back hyper 5 minutes
- Strengthening McKenzie's 5 minutes
- Neuro Upper extremities/PNF stretches 15
- Neuro Lower extremities/Theraball 5
- Neuro Lower extremities/PNF stretches 15

Our review found none of the above meet the definition of "97113 - Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises." The insurance carrier's denial is supported.

Code 97140 has a description of "Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes." Review of the time descriptions above found the insurance carrier's reduction is supported. Only one unit of this code will be reviewed.

2. The fee guideline for the professional services is dispute is found at 28 TAC §134.203. Rule §134.203 paragraph (a)(7) states that Medicare payment policies apply to professional services.

Payment reductions were made by the carrier based upon multiple procedure rules. The *Centers for Medicare and Medicaid Claims Processing Manual 100-04, Chapter 5 titled Part B Outpatient Rehabilitation and CORF/OPT Services* applies and sets the policies applicable to physical therapy services.

The multiple procedure payment reduction (MPPR) applies to the Practice Expense (PE) of certain time-based physical therapy codes when more than one unit or procedure is provided to the same patient on the same day. Medicare publishes a list of the codes subject to MPPR annually.

For 2018 the codes subject to MPPR are found in the *CY 2018 PFS Final Rule Multiple Procedure Payment Reduction Files*. Review of that list finds that the disputed codes are subject to the MPPR reduction. The carrier's reduction is supported. The fee calculation including the MPPR reduction and the DWC fee guideline is found in the next paragraph.

3. 28 TAC §134.203(h) states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount.

The MPPR policy states that:

- Full payment is made for the unit or procedure with the highest Practice Expense (PE) payment factor; and
- For subsequent units the Practice Expense (PE) payment factor is reduced by 50 percent.

Review of the submitted medical bill provided indicates that three procedures were billed by the health care provider. In order to determine whether the MPPR applies to the service in dispute, the DWC must rank all the services by their PE payment factor.

Here is a chart ranking the PE payment for each of the codes in dispute.

CODE	PRACTICE EXPENSE	Medicare Policy
97113	0.61	Highest rank, no MPPR
97112	0.47	MPPR applies
97140	0.35	MPPR applies

The *MPPR Rate File* that contains the payments for 2018 services is found at

<https://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

- MPPR rates are published by carrier and locality.
- The services were provided in Fort Worth Texas.
- The carrier code for Texas is 4412 and the locality code for Fort Worth is 28.

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

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

The table below illustrates the calculation of the total allowable reimbursement for allowed services.

Code	Medicare Payment	Maximum Allowable Reimbursement (MAR) §134.203 (c)(1) & (2)	Billed Amount From medical bill	Reimbursement §134.203 (h) Lesser of MAR and billed amount
97113		Carrier's denial supported		
97112	\$27.01 ¹	$(58.31 \div 35.9996) \times \$27.01 \times 2 = \$87.50$	\$114.52	\$87.50
97140	\$22.07 ¹	$(58.31 \div 35.9996) \times \$22.07 = \$35.75$ (1 unit only)	\$91.62	\$35.75
¹ MPPR reduced payment			Total Allowable Reimbursement	\$123.25

The total allowable DWC fee guideline reimbursement amount for disputed services is \$123.25

4. Application of the MPPR and the applicable DWC fee guideline result in a total reimbursement amount of \$123.25 for the services in dispute. The carrier paid \$150.25. No additional reimbursement is due.

Conclusion

For the reasons stated above, DWC finds that the requestor has established that additional reimbursement in the amount of \$0.00 due.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 25, 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 division using the contact information listed on the form or to the field office handling the claim.

If you have questions about the division 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