



**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 Flower Mound

**Respondent Name**

Great West Casualty Co

**MFDR Tracking Number**

M4-19-4852-01

**Carrier's Austin Representative**

Box Number 1

**MFDR Date Received**

July 15, 2019

**REQUESTOR'S POSITION SUMMARY**

"The purpose of this letter is to inform you that payment for services provided to the above referenced patient does not comply with Chapters 134.403 and 134.404 of Texas Administrative Code."

**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
September 4 – 26, 2018	G0283, 97140	\$133.42	\$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 §134.403 sets out the reimbursement guidelines for outpatient services.
- 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

## Issues

1. What Division guideline(s) is applicable to reimbursement?
2. Is the requestor entitled to additional reimbursement?

## Findings

The Austin carrier representative for Great West Casualty is JT Parker & Associates LLC. The receipt of the medical fee disputed was acknowledged on July 23, 2019. 28 Texas Administrative Code §133.307 states, in relevant part:

- (d) Responses. Responses to a request for MFDR shall be legible and submitted to the division and to the requestor in the form and manner prescribed by the division.
  - (1) Timeliness. The response will 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** [emphasis added]. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information.

Review of the documentation finds that no response has been received to date. The division concludes that the insurance carrier failed to respond within the timeframe required by §133.307(d)(1). The division will base its decision on the information available.

1. Texas Health Flower Mound is seeking additional reimbursement in the amount of \$133.42 for physical therapy services provided in an outpatient setting in September 2018. The insurance carrier reduced the payments based on the workers compensation fee schedule.

The requestor states in their position statement, "...payment... does not comply with Chapters 134.403 and 134.404 of Texas Administrative Code."

While DWC Rule 134.403 does apply to outpatient hospital services, Section (d) of this rule requires Texas workers' compensation system participants to apply Medicare payment policies in effect on the date the services are provided.

The applicable Medicare payment policy is found in, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>. Specifically, "Status Indicators."

The status indicator for each of the HCPCS code listed on the DWC060 has an "A" status indicator which is defined as, "Not paid under OPPS. Paid by MACs under a fee schedule or payment system other than OPPS."

Based on the above, 28 TAC §134.403 (h) requires reimbursement be made using the applicable DWC fee guideline in effect for that service on the date the service was provided or in this case, The Medical fee guideline for professional services is 28 TAC §134.203. The calculation of the applicable fee is found below.

2. 28 TAC §134.203 paragraph (b)(1) also states that Medicare payment policies apply to professional services.

Review of the Medicare policies finds that 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 find the codes in dispute are subject to MPPR policy.

Applicable 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 several 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 provided by their PE payment factor.

Here is a chart ranking the PE payment for each of the codes billed by the health care provider.

CODE	PRACTICE EXPENSE	Medicare Policy
97110	0.4	<b>Highest rank, no MPPR</b>
G0283	0.23	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 Flower Mound Texas.
- The carrier code for Texas is 4412 and the locality code for Flower Mound is 99.

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 the services listed on the DWC060.

Date of service	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
September 4, 2018	G0283 <sup>1</sup>	\$10.65	$(58.31 \div 35.9996) \times \$10.65 = \$17.25$	\$118.00	\$17.25
September 6, 2018	G0283 <sup>1</sup>	\$10.65	$(58.31 \div 35.9996) \times \$10.65 = \$17.25$	\$118.00	\$17.25
September 10, 2018	G0283 <sup>1</sup>	\$10.65	$(58.31 \div 35.9996) \times \$10.65 = \$17.25$	\$118.00	\$17.25
September 13, 2018	G0283 <sup>1</sup>	\$10.65	$(58.31 \div 35.9996) \times \$10.65 = \$17.25$	\$118.00	\$17.25

September 14, 2018	G0283 <sup>1</sup>	\$10.65	$(58.31 \div 35.9996) \times \$10.65 = \$17.25$	\$118.00	\$17.25
September 18, 2018	G0283 <sup>1</sup>	\$10.65	$(58.31 \div 35.9996) \times \$10.65 = \$17.25$	\$118.00	\$17.25
September 19, 2018	G0283 <sup>1</sup>	\$10.65	$(58.31 \div 35.9996) \times \$10.65 = \$17.25$	\$118.00	\$17.25
September 21, 2018	G0283 <sup>1</sup>	\$10.65	$(58.31 \div 35.9996) \times \$10.65 = \$17.25$	\$118.00	\$17.25
September 26, 2018	G0283 <sup>1</sup>	\$10.65	$(58.31 \div 35.9996) \times \$10.65 = \$17.25$	\$118.00	\$17.25
September 14, 2018	97140 <sup>1</sup>	\$21.68	$(58.31 \div 35.9996) \times \$21.68 = \$35.12$	\$140.50	\$35.12
September 18, 2018	97140 <sup>1</sup>	\$21.68	$(58.31 \div 35.9996) \times \$21.68 = \$35.12$	\$140.50	\$35.12
September 19, 2018	97140 <sup>1</sup>	\$21.68	$(58.31 \div 35.9996) \times \$21.68 = \$35.12$	\$140.50	\$35.12
September 21, 2018	97140 <sup>1</sup>	\$21.68	$(58.31 \div 35.9996) \times \$21.68 = \$35.12$	\$140.50	\$35.12
September 26, 2018	97140 <sup>1</sup>	\$21.68	$(58.31 \div 35.9996) \times \$21.68 = \$35.12$	\$140.50	\$35.12
September 4, 2018	97140 <sup>1</sup>	\$21.68	$(58.31 \div 35.9996) \times \$21.68 = \$35.12$	\$140.50	\$35.12
September 6, 2018	97140 <sup>1</sup>	\$21.68	$(58.31 \div 35.9996) \times \$21.68 = \$35.12$	\$140.50	\$35.12
September 10, 2018	97140 <sup>1</sup>	\$21.68	$(58.31 \div 35.9996) \times \$21.68 = \$35.12$	\$140.50	\$35.12
September 13, 2018	97140 <sup>1</sup>	\$21.68	$(58.31 \div 35.9996) \times \$21.68 = \$35.12$	\$140.50	\$35.12
<sup>1</sup> MPPR reduced payment				Total Allowable	\$471.33

The total allowable DWC fee guideline reimbursement amount for the services in dispute is \$471.33.

- Application of the MPPR and the applicable DWC fee guideline rule result in a total reimbursement amount of \$471.33 for the services in dispute. The carrier paid \$471.33. No additional reimbursement is due.

**Conclusion**

For the reasons stated above, DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

**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**

		September 26, 2019
Signature	Medical Fee Dispute Resolution Officer	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 the division 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](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)