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 Rockwall

Respondent Name
City of Plano

MFDR Tracking Number
M4-19-4931-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
July 19, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Physical therapy services have not been reimbursed per state fee schedule rules."

Amount in Dispute: $72.14

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "It is the carrier's position that the provider has already been reimbursed in accordance with Medical Fee Guidelines and that the provider is not entitled to additional reimbursement."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 8 – 30, 2019	Outpatient Hospital Services	$72.14	$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

1. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
2. 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient 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
   - 59 – Processed based on multiple or concurrent procedure rules

Issues

1. Does the multiple procedure payment reduction rule apply to the services in dispute?
2. What is the total allowable reimbursement for the services in dispute?
3. Is the requestor entitled to additional reimbursement?

Findings

Texas Health Rockwall is seeking additional reimbursement for outpatient physical therapy services rendered in January 2019. CareWorks reduced payment based upon "worker's compensation fee schedule" and "multiple procedure rules."

1. The fee guideline for the outpatient services is dispute is found at 28 TAC 134.403. Rule §134.403 paragraph (d) states that Medicare payment policies apply to outpatient 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.

   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 2019 the codes subject to MPPR are found in the *CY 2019 PFS Final Rule Multiple Procedure Payment Reduction Files.* Review of that list find that codes in dispute are subject to MPPR policy.

   The division concludes that the MPPR policy applies to the services in dispute.

2. Applicable 28 TAC §134.403 (h) states when outpatient medical services are reimbursed is made using other Medicare fee schedules, reimbursement is made using the applicable Division fee guideline in effect for the date(s) service were provided.

   The physical therapy services provided are classified by Medicare with a status indicator of "A" which is reimbursed under the Professional Medical Fee Guideline. The Division fee guideline is Rule §134.203.

   DWC Rule 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 January medical bill provided indicates that multiple 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 billed by their PE payment factor.

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

CODE	PRACTICE EXPENSE	Medicare Policy
97110	0.4	MPPR applies
97112	0.47	Highest PE
97140	0.35	MPPR applies

As shown above, code 97112 has the highest PE payment among the services billed by the provider for all dates of service except January 8, 2019. For date of service January 8, 2019 code 97110 has the highest PE. The reduced PE payment applies to code 97140 for all dates of service, code 97110 for all dates except January 8, 2019, and when multiple units of code 97110 are billed.

The *MPPR Rate File* that contains the payments for 2019 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 Rockwall Texas.
- The carrier code for Texas is 4412 and the locality code for Rockwall is 99.

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

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = 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
January 10, 2019	97110[1]	$23.55	(59.19 ÷ 36.0391) x $23.55 = $38.68	$162.50	$38.68
January 15, 2019	97110[1]	$23.55	(59.19 ÷ 36.0391) x $23.55 x 2 = $77.36	$325.00	$77.36
January 30, 2019	97110[1]	$23.55	(59.19 ÷ 36.0391) x $23.55 x 2 = $77.36	$325.00	$77.36
January 8, 2019	97140[1]	$21.70	(59.19 ÷ 36.0391) x $21.70 = $35.64	$146.25	$35.64
January 10, 2019	97140[1]	$21.70	(59.19 ÷ 36.0391) x $21.70 = $35.64	$146.25	$35.64
January 15, 2019	97140[1]	$21.70	(59.19 ÷ 36.0391) x $21.70 = $35.64	$146.25	$35.64
January 30, 2019	97140[1]	$21.70	(59.19 ÷ 36.0391) x $21.70 = $35.64	$146.25	$35.64
			[1]MPPR reduced payment	Total Allowable Reimbursement for disputed services	$335.96

The total allowable DWC fee guideline reimbursement amount for disputed services is $335.96.

3. Application of the MPPR and the applicable DWC fee guideline rule result in a total reimbursement amount of $335.96 for the services in dispute. The carrier paid $335.96. No additional payment is due.

Conclusion

For the reasons stated above, the Division 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

		August 21, 2019
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. 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.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.