



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

ETMC Rehab

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-19-5030-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

July 29, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This request for reconsideration of adjusted and/or dispute amounts is due to DOS not paid."

Amount in Dispute: \$494.40

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...the requestor has failed to submit the medical fee dispute within one (1) year from the date of service."

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 9 – 30, 2018	Physical therapy services	\$794.40	\$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.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired
 - 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
 - 802 – Workers' compensation jurisdictional fee schedule allowance

Issue

1. Did the requestor waive the right to medical fee dispute resolution?
2. What rule is applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request.

Review of the submitted medical fee dispute request found dates of service July 9, 16, 18, 20, 23, 25, 27, and 30th.

The dates of service July 9, 16, 18, 20, 23 25 and 27 are not eligible for MFDR as they were received by MFDR on July 29, 2019. This date is later than one year after the date(s) of service in dispute.

Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B).

The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section with all dates of service except July 30, 2018. This date will be reviewed per applicable fee guidelines.

2. The fee guideline for the professional services is dispute is found at 28 TAC 134.203. Rule §134.203 paragraph (a)(7) 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 that code 97110 is subject to MPPR policy.

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

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 July 30, 2018 medical bill provided indicates that three units of code 97110 were billed by the health care provider. Full payment is allowed for the first unit and the reduced PE payment applies to the second and third units.

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 Tyler Texas.
- The carrier code for Texas is 4412 and the locality code for Tyler 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 three units of 97110 in dispute.

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
97110	\$30.28	$(59.19 \div 36.0391) \times (30.28) \times 1 \text{ unit}$ = \$49.05	\$584.25	\$125.27
	\$23.53 ¹	$59.19 \div 36.0391) \times (30.28) \times 2 \text{ units}$ = \$76.22		
¹ MPPR reduced payment			Total Allowable Reimbursement	\$125.27

The total allowable DWC fee guideline reimbursement amount for three units of 97110 is \$125.27.

- Application of the MPPR and the applicable DWC fee guideline rule result in a total reimbursement amount of \$125.27 for the services in dispute. The carrier paid \$125.27 No additional reimbursement is due.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	August 23, 2019 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §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 MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **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.