



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

Optimal PT Solutions

Respondent Name

Texas Cotton Ginners Trust

MFDR Tracking Number

M4-19-5099-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

August 2, 2019

Response Submitted by:

None

REQUESTOR'S POSITION SUMMARY

"Optimal Physical Therapy Solutions provided services in good faith based on the authorization and communication that was provided to our clinic."

SUMMARY OF FINDINGS

Date of Service	Disputed Services	Amount in Dispute	Amount Ordered
October 18 – November 6, 2018	Therapy Services	\$1,145.00	\$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:
 - 218 – Based on the findings of a review organization (not maintained upon reconsideration)
 - 59 – Processed based on multiple or concurrent procedure rules
 - P12 – Workers compensation jurisdictional fee schedule

Findings

Optimal Physical Therapy Solutions asserts that it was not sufficiently paid for the services in dispute. WellComp reduced the billed amounts citing multiple procedure reductions. WellComp issued payments totaling \$972.40. Optimal Physical Therapy Solutions 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 WellComp 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 that were billed on **each day** in dispute.

Billed	Practice Expense	MPPR Policy	Medicare Price 2018
97001	1.13	Full payment	\$82.79
97110	0.4	MPPR price	\$23.53
97112	0.47	MPPR price second unit	\$26.51
97112	0.47	Full payment first unit	\$34.44

3. The DWC fee guideline 28 TAC §134.203 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
October 18, 2018	97001	1	---	\$82.79	$\$82.79 \times 1.62 = \134.12	\$110.00	\$110.00
October 18, 2018	97110	2	\$23.53	---	$\$23.53 \times 1.62 = \$38.12 \times 2 = \$76.24$	\$80.00	\$76.24
October 18, 2018	97112	1	\$26.51	---	$\$26.51 \times 1.62 = \42.95	\$65.00	\$42.95
October 24, 2018	97110	2	\$23.53	---	$\$23.53 \times 1.62 = \$38.12 \times 2 = \$76.24$	\$80.00	\$76.24
October 24, 2018	97112	2	\$26.51	\$34.44	$\$26.51 \times 1.62 = \42.95 $\$34.44 \times 1.62 = \55.79	\$130.00	\$98.74
October 26, 2018	97110	1	\$23.53	---	$\$23.53 \times 1.62 = \38.12	\$40.00	\$38.12
October 26, 2018	97112	2	\$26.51	\$34.44	$\$26.51 \times 1.62 = \42.95 $\$34.44 \times 1.62 = \55.79	\$130.00	\$98.74
October 31, 2018	97110	1	\$23.53	---	$\$23.53 \times 1.62 = \38.12	\$40.00	\$38.12
October 31, 2018	97112	2	\$26.51	\$34.44	$\$26.51 \times 1.62 = \42.95 $\$34.44 \times 1.62 = \55.79	\$130.00	\$98.74
November 2, 2018	97110	1	\$23.53	---	$\$23.53 \times 1.62 = \38.12	\$40.00	\$38.12
November 2, 2018	97112	2	\$26.51	\$34.44	$\$26.51 \times 1.62 = \42.95 $\$34.44 \times 1.62 = \55.79	\$130.00	\$98.74
November 6, 2018	97110	1	\$23.53	---	$\$23.53 \times 1.62 = \38.12	\$40.00	\$38.12
November 6, 2018	97112	2	\$26.51	\$34.44	$\$26.51 \times 1.62 = \42.95 $\$34.44 \times 1.62 = \55.79	\$130.00	\$98.74
Total Allowable Reimbursement							\$951.61

The total allowable DWC fee guideline reimbursement for the services in dispute is \$951.61

4. Application of the MPPR and review of the documentation provided finds that the total DWC reimbursement for the services in dispute is \$951.61. The carrier paid a total of \$972.40 for the disputed services. No additional payment 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

_____	_____	October 17, 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 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 a DWC field office.

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

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