



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

WILLIS KNIGHTON MEDICAL CENTER

Respondent Name

BERKLEY NATIONAL INSURANCE COMPANY

MFDR Tracking Number

M4-19-5243-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 21, 2019

Response Submitted By

Flahive, Odgen & Latson, Attorneys at Law, PC

REQUESTOR'S POSITION SUMMARY

"Provider disagrees with the reimbursement amount allowed on this claim... we see that you reduced \$144.35 as an 'Audit Reduction'. We do not find any justification for this additional reduction. Claim is payable as outlined in the Texas Labor Code 134.203(c)(1) and CMS guidelines."

RESPONDENT'S POSITION SUMMARY

"It remains the carrier's position that the provider has been reimbursed pursuant to the Medical Fee Guidelines."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
April 2, 2019 to April 16, 2019	Outpatient Physical Therapy CPT 97110	\$131.21	\$0.00

AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

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 hospital facility fee guideline for outpatient services.
- 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 59 – PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
 - W3 – REPORTING PURPOSES ONLY

Findings

This dispute regards outpatient physical therapy services not paid under Medicare's Outpatient Prospective Payment System but using Medicare's Physician Fee Schedule. Accordingly, physical therapy services not reimbursed under the *DWC Outpatient Hospital Fee Guideline*; but rather, 28 Texas Administrative Code §134.403(h) requires use of the fee guideline applicable to the code on the service date if Medicare pays using other fee schedules. *DWC Professional Fee Guideline* 28 TAC §134.203(c) determine the maximum allowable reimbursement (MAR) by applying Medicare payment policies modified by DWC rules. The MAR is the sum of geographically adjusted work, practice expense and malpractice values multiplied by DWC's conversion factor.

Medicare's multiple-procedure payment reduction (MPPR) policy requires payment in full for the first unit of therapy with the highest practice expense. Payment is reduced by 50% of the practice expense for each extra therapy unit (codes with multiple-procedure indicator 5) provided on the same day.

Reimbursement is calculated as follows:

- Procedure code 97110 (April 2, April 4, and April 11, 2019) has a Work RVU of 0.45 multiplied by the Work GPCI of 1 is 0.45. The practice expense RVU of 0.4 multiplied by the PE GPCI of 0.887 is 0.3548. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 1.199 is 0.02398. The sum is 0.82878 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$49.06. For each extra therapy unit after the first unit, payment is reduced by 50% of the practice expense. The first unit is paid at \$49.06. The PE reduced rate is \$38.56 at 3 units is \$115.68. The MAR for 4 units is \$164.74. For 3 visits, the total is \$494.22.
- Procedure code 97110 (April 9, and April 16, 2019) has a Work RVU of 0.45 multiplied by the Work GPCI of 1 is 0.45. The practice expense RVU of 0.4 multiplied by the PE GPCI of 0.887 is 0.3548. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 1.199 is 0.02398. The sum is 0.82878 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$49.06. For each extra therapy unit after the first unit, payment is reduced by 50% of the practice expense. The first unit is paid at \$49.06. The PE reduced rate is \$38.56 at 2 units is \$77.12. The MAR for 3 units is \$126.18. For 2 visits, the total is \$252.36

The total allowable reimbursement for the disputed services is \$746.58. The insurance carrier paid \$751.79. The amount due is \$0.00. No additional payment is recommended.

Conclusion

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

ORDER

In accordance with Texas Labor Code §413.031, based on the information submitted for review, DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Grayson Richardson
Medical Fee Dispute Resolution Officer

September 13, 2019
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 TAC §133.307.

The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWC045M). DWC must receive the request within **twenty** days of your receipt of this decision.

You may fax, mail or personally deliver the request to either the field office handling the claim or to DWC at the contact information on the form. You must send a copy to all other parties in the dispute at the same time you file the request.

Include a **copy** of this **Medical Fee Dispute Decision** along with any other information required by 28 TAC §141.1(d).

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