



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 Allen

Respondent Name

New Hampshire Insurance Co

MFDR Tracking Number

M4-19-5246-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 19, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...payment for services provided... does not comply with Chapters 134.403 and 134.404 of Texas Administrative Code."

Amount in Dispute: \$77.68

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The claimant is in the Liberty Health Care Network. Accordingly, the medical fee dispute should be handled through the network itself."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: January 8 - 31, 2019, 97110, 97140, \$77.68, \$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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment

codes:

- 119 – Benefit maximum for this time period or occurrence has been reached
- 183 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules
- P12 – Workers compensation jurisdictional fee schedule adjustment

Issues

1. Is the respondent’s position supported?
2. Is the respondent’s reduction of payment supported?
3. How is the fee calculated?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The respondent states, “The claimant is in the Liberty Health Care Network...” Although Liberty Health Care Network is listed as a certified network on the Division’s webpage, the carrier did not provide convincing evidence that the injured employee is enrolled in this network, nor did the carrier provide documentation to support that the requestor is contracted with Liberty Health Care Network. The disputed services will be reviewed based on the applicable fee guidelines.
2. The carrier reduced the allowed units as “benefit maximum exceeded.” Insufficient evidence was found to support a reduction in units.

The requestor states, “...payment does not comply with Chapters 134.403 and 134.404.” The outpatient physical therapy fee guideline is not found in 28 TAC §134.403 but rather 28 TAC §134.203 as the status indicator of the disputed services listed in Addendum B at www.cms.gov is an “A” which are services paid at other CMS fee guidelines per 28 TAC §134.403 (h).

The disputed services are paid at Medicare Physician fee schedule and DWC professional fee guidelines found at 28 TAC §134.203. Rule §134.203 paragraph (a)(7) 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 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 code 97110 and 97140 are subject to MPPR policy. The insurance carrier’s reduction is supported. The fee calculation is found in the next paragraph.

3. 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 indicates that two procedures were billed by the health care provider on each date of service. DWC must rank all the services provided by their PE payment factor.

That ranking is shown below.

CODE	PRACTICE EXPENSE	Medicare Policy
97110	0.4	Highest rank, no MPPR to first MPPR to second
97140	0.35	MPPR applies

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 Allen, Texas.
- The carrier code for Texas is 4412 and the locality code for Allen is 99.

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

$$(DWC \text{ Conversion Factor} \div Medicare \text{ Conversion Factor}) \times Medicare \text{ Payment} = MAR$$

The table below illustrates the calculation of the total allowable reimbursement.

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 8, 2019	97140	\$21.70 ¹	$(59.19 \div 36.0391) \times \$21.70 = \$35.64$	\$146.25	\$35.64
January 10, 2019	97140	\$21.70 ¹	$(59.19 \div 36.0391) \times \$21.70 = \$35.64$	\$146.25	\$35.64
January 15, 2019	97140	\$21.70 ¹	$(59.19 \div 36.0391) \times \$21.70 = \$35.64$	\$146.25	\$35.64
January 17, 2019	97140	\$21.70 ¹	$(59.19 \div 36.0391) \times \$21.70 = \$35.64$	\$146.25	\$35.64
January 22, 2019	97140	\$21.70 ¹	$(59.19 \div 36.0391) \times \$21.70 = \$35.64$	\$146.25	\$35.64
January 24, 2019	97140	\$21.70 ¹	$(59.19 \div 36.0391) \times \$21.70 = \$35.64$	\$146.25	\$35.64
January 29, 2019	97140	\$21.70 ¹	$(59.19 \div 36.0391) \times \$21.70 = \$35.64$	\$146.25	\$35.64
January 31, 2019	97140	\$21.70 ¹	$(59.19 \div 36.0391) \times \$21.70 = \$35.64$	\$146.25	\$35.64
¹ MPPR reduced payment				Total Allowable Reimbursement	\$285.12

4. Application of the MPPR and the applicable DWC fee guideline rule result in a total reimbursement amount of \$285.12 for the service listed on the DWC060. The carrier paid \$285.12. 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. 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

Signature	Medical Fee Dispute Resolution Officer	September 19, 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 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.