



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

Elite Healthcare Fort Worth

Respondent Name

Grapevine Colleyville ISD

MFDR Tracking Number

M4-19-5263-01

Carrier's Austin Representative

Box Number 55

MFDR Date Received

August 23, 2019

Response Submitted by:

York

REQUESTOR'S POSITION SUMMARY

"Carrier is not paying according to authorization our facility received regarding this patient."

RESPONDENT'S POSITION SUMMARY

"This bill was correctly paid under the review 10188284."

SUMMARY OF FINDINGS

Date of Service	Disputed Services	Amount in Dispute	Amount Ordered
March 4, 2019	97110, 97112, 97140	\$240.24	\$159.44

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:
 - 59 – Processed based on multiple or concurrent procedure rules
 - 193 – Original payment decision is being maintained

Issues

1. Is the respondent’s position statement supported?
2. Does the multiple procedure payment reduction rule apply to the services in dispute?
3. What is the total allowable reimbursement for the services in dispute?
4. Is the requestor entitled to additional reimbursement?

Findings

1. Elite Healthcare Fort Worth is seeking additional reimbursement for physical therapy services rendered on March 4, 2019.

York included a copy of Decision and Order signed March 21, 2019 that determined compensability and MMI. Review of the submitted documentation found the insurance carrier did not deny for compensability or extent.

This request for medical fee dispute will be done based on the reduction of the payment presented to the health care provider prior to the MFDR request or “multiple procedure discount” reductions.

2. The fee guideline for the professional services in dispute is found at 28 TAC §134.203. Rule §134.203 paragraph (a)(7) also states that Medicare payment policies apply to professional 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 finds the disputed codes are subject to MPPR policy.

DWC concludes that the MPPR policy applies to the services in dispute.

3. 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 March 4, 2019 medical bill provided indicates that three procedures were billed by the health care provider. Their rank is shown below.

CODE	PRACTICE EXPENSE	Medicare Policy
97110	0.4	MPPR applies
97112	0.47	Highest rank, no MPPR on first unit. MPPR applies second unit
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 Fort Worth Texas.
- The carrier code for Texas is 4412 and the locality code for Fort Worth is 28.

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 services 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	\$23.98 ¹	$(59.19 \div 36.0391) \times (23.98 \times 4 \text{ units}) = \157.54	\$204.20	\$157.54
97112	\$35.39 \$27.03 ¹	$(59.19 \div 36.0391) \times \$35.39 = \$58.12$ $(59.19 \div 36.0391) \times \$27.03 = \$44.39$	\$116.24	\$102.51
97140	\$22.09 ¹	$(59.19 \div 36.0391) \times \$22.09 = \$36.28$ $\times 2 = \$72.56$	\$93.00	\$72.56
¹ MPPR reduced payment			Total Allowable Reimbursement	\$332.61

The total allowable DWC fee guideline reimbursement amount is \$332.61.

- Application of the MPPR and the applicable DWC fee guideline rule result in a total reimbursement amount of \$332.61 for the services in dispute. The carrier paid only \$173.17. Additional reimbursement in the amount of \$159.44 is due.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement in the amount of \$159.44 is due.

ORDER

Based on the submitted information DWC has determined that Elite Healthcare Fort Worth is entitled to additional reimbursement. DWC hereby the insurance carrier to remit to the requestor \$159.44 plus applicable accrued interest per 28 TAC §134.130 due within 30 days of receipt of this order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 19, 2019
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 the field office handling the claim.

If you have questions about 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