



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

DOCTORS HOSPITAL AT RENAISSANCE

Respondent Name

BERKLEY NATIONAL INSURANCE COMPANY

MFDR Tracking Number

M4-19-5313-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 27, 2019

Response Submitted By

Flahive, Odgen & Latson, Attorneys at Law, PC

REQUESTOR'S POSITION SUMMARY

"After reviewing the account we have concluded that reimbursement received was inaccurate."

RESPONDENT'S POSITION SUMMARY

"The provider was reimbursed pursuant to the Medical Fee Guidelines."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
April 11, 2019 to April 29, 2019	Outpatient Occupational Therapy	\$1,088.74	\$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.
 - W3 – REPORTING PURPOSES ONLY.
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
 - P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Findings

This dispute regards outpatient occupational therapy. 28 Texas Administrative Code §134.403(h) requires use of the DWC fee guideline applicable to the code on the service date if Medicare pays using other fee schedules. 28 TAC §134.203(c) requires the maximum allowable reimbursement (MAR) be determined by applying Medicare payment policies modified by DWC rules. The MAR is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by a DWC 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 the same day.

Reimbursement is calculated as follows:

- Procedure code 97035 (April 18, April 22, April 24, April 26, and April 29, 2019) has a Work RVU of 0.21 multiplied by the Work GPCI of 1 is 0.21. The practice expense RVU of 0.17 multiplied by the PE GPCI of 0.938 is 0.15946. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.37742 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$22.34. The PE for this code is not the highest; payment is reduced by 50% of the practice expense. The PE reduced rate is \$17.62. For 5 visits the total MAR is \$88.10.
- Procedure code 97140 (April 26, and April 29, 2019) has a Work RVU of 0.43 multiplied by the Work GPCI of 1 is 0.43. The practice expense RVU of 0.35 multiplied by the PE GPCI of 0.938 is 0.3283. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.76626 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$45.35. The PE for this code is not the highest; payment is reduced by 50% of the practice expense. The PE reduced rate is \$35.64. For 2 visits the total MAR is \$71.28.
- Procedure code 97165 (April 11, 2019) has a Work RVU of 1.2 multiplied by the Work GPCI of 1 is 1.2. The practice expense RVU of 1.33 multiplied by the PE GPCI of 0.938 is 1.24754. The malpractice RVU of 0.05 multiplied by the malpractice GPCI of 0.796 is 0.0398. This code has the highest PE for this date. The sum is 2.48734 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$147.23.
- Procedure code 97110 (April 26, and April 29, 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 0.938 is 0.3752. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.796 is 0.01592. The sum is 0.84112 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$49.79. This code has the highest PE for these 2 dates. For each extra therapy unit after the first unit, payment is reduced by 50% of the practice expense. The first unit is paid at \$49.79. The PE reduced rate is \$38.68 at 2 units is \$77.36. The total for 3 units is \$127.15. For 2 visits, the total MAR is \$254.30.
- Procedure code 97110 (April 18, April 22, and April 24, 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 0.938 is 0.3752. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.796 is 0.01592. The sum is 0.84112 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$49.79. For each extra therapy unit after the first unit of the code with the highest PE, payment is reduced by 50% of the practice expense. This code has the highest PE. The first unit is paid at \$49.79. The PE reduced rate is \$38.68 at 3 units is \$116.04. The total for 4 units is \$165.83. For 3 visits the total MAR is \$497.49.

The total allowable reimbursement for the disputed services is \$1,058.40. The insurance carrier paid \$1,058.40. The amount due is \$0.00. No additional payment is recommended.

Conclusion

For the reasons above, the requestor has not established additional payment is due. 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 20, 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.