



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

DOCTORS HOSPITAL AT RENAISSANCE

Respondent Name

MCALLEN INDEPENDENT SCHOOL DISTRICT

MFDR Tracking Number

M4-20-0002-01

Carrier's Austin Representative

Box Number 29

MFDR Date Received

September 3, 2019

Response Submitted By

No response received from insurance carrier

REQUESTOR'S POSITION SUMMARY

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

RESPONDENT'S POSITION SUMMARY

The insurance carrier did not submit a response for consideration in this review.

SUMMARY OF DISPUTE

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: April 3, 2019 to April 29, 2019, Outpatient Physical Therapy, \$1,748.48, \$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

- 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 hospital facility fee guideline for outpatient services.
3. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 96 - Non-covered charge(s).
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- P13 - Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies
- PJ - This code is not paid under outpatient PPS.
- RVPA - Amount is approved.

Findings

This dispute regards outpatient physical therapy services not paid under Medicare's Outpatient Prospective Payment System but under Medicare's Physician Fee Schedule. DWC Hospital Fee Guideline, 28 Texas Administrative Code §134.403(h) requires use of the fee guideline applicable to the code on the date of service if Medicare pays using other fee schedules. DWC Professional Fee Guideline, Rule 28 TAC §134.203(c) determines the maximum allowable reimbursement (MAR) using 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 on the same day.

Reimbursement is calculated as follows:

- Procedure code 97110 (April 3, April 4, April 8, April 10, April 12, April 15, April 17, April 18, April 22, April 24, 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. The PE for this code is not the highest; payment is reduced by 50% of the practice expense. The PE reduced rate is \$38.68 at 2 units is \$77.36. The total for 11 visits is \$850.96.
- Procedure code 97112 (April 3, April 4, April 8, April 10, April 12, April 15, April 17, April 18, April 22, April 24, and April 29, 2019) has a Work RVU of 0.5 multiplied by the Work GPCI of 1 is 0.5. The practice expense RVU of 0.47 multiplied by the PE GPCI of 0.938 is 0.44086. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.796 is 0.01592. The sum is 0.95678 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$56.63. The PE for this code is not the highest; payment is reduced by 50% of the practice expense. The PE reduced rate is \$43.58. The total for 11 visits is \$479.38.
- Procedure code 97530 (April 3, April 4, April 8, April 10, April 12, April 15, April 17, April 18, April 22, April 24, and April 29, 2019) has a Work RVU of 0.44 multiplied by the Work GPCI of 1 is 0.44. The practice expense RVU of 0.67 multiplied by the PE GPCI of 0.938 is 0.6285. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.796 is 0.016. The sum is 1.0844 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$64.18. This code has the highest PE for these dates. The first unit is paid in full at \$64.18. The total for 11 visits is \$705.98.
- Procedure codes G8978 and G8979 (April 8, 2019) have status indicator Q, denoting functional information codes used for reporting purposes only. No separate payment is made.

The total allowable reimbursement for the disputed services is \$2,036.32. The insurance carrier paid \$2,036.32. The amount due is \$0.00. This amount is recommended.

Conclusion

For the reasons above, the requestor has not established that 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

October 18, 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.