



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 COMPANY

MFDR Tracking Number

M4-20-0031-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

September 6, 2019

Response Submitted By

AIG Dallas Workers' Compensation Service Center

REQUESTOR'S POSITION SUMMARY

"Underpaid/Denied Physical Therapy"

RESPONDENT'S POSITION SUMMARY

"The carrier has reviewed the bill and determined an additional \$67.68 is due."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
November 9, 2018 to November 30, 2018	Outpatient Occupational Therapy	\$209.98	\$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) in Title 28, Part 2 of the Texas Administrative Code.

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:
 - Workers' compensation jurisdictional fee schedule adjustment.
 - The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day.
 - The charge for the procedure exceeds the amount indicated in the fee schedule.
 - Additional payment made on appeal/reconsideration.
 - Non-covered charge(s).
 - This code is not paid under outpatient PPS.
 - Functional reporting code only; no fee schedule reimbursement value is assigned to this service.
 - Previously paid. Payment for this claim/service may have been provided in a previous payment.
 - DUPLICATE CHARGE
 - The provider has billed for the exact services on a previous bill.

Issues

Is the requestor entitled to additional reimbursement?

Findings

This dispute regards outpatient occupational 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 97010 (November 9, 2018) has status indicator B, denoting a bundled code. Reimbursement is included with payment for other services to which this code is incident.
- Procedure code 97035 (November 2, November 9, November 16, and November 30, 2018) has a Work RVU of 0.21 multiplied by the Work GPCI of 1 is 0.21. The practice expense RVU of 0.16 multiplied by the PE GPCI of 0.938 is 0.15008. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.36804 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$21.46. The PE for this code is not the highest on these dates; payment is reduced by 50% of the practice expense. The PE reduced rate is \$17.08. For 4 visits the total is \$68.32.
- Procedure code 97110 (November 2, and November 30, 2018) 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 \$58.31 for a MAR of \$49.05. The PE for this code is not the highest on these dates; payment is reduced by 50% of the practice expense. The PE reduced rate is \$38.11. For 2 visits the total is \$76.22.
- Procedure code 97110 (November 9, and November 16, 2018) 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 \$58.31 for a MAR of \$49.05. This code has the highest PE for these two dates. The first unit is paid at \$49.05. The total for 2 visits is \$98.10.
- Procedure code 97140 (November 2, November 9, November 16, and November 30, 2018) 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 \$58.31 for a MAR of \$44.68. The PE for this code is not the highest on these dates; payment is reduced by 50% of the practice expense. The PE reduced rate is \$35.11. For 4 visits the total is \$140.44.
- Procedure code 97168 (November 30, 2018) has a Work RVU of 0.75 multiplied by the Work GPCI of 1 is 0.75. The practice expense RVU of 0.97 multiplied by the PE GPCI of 0.938 is 0.90986. The malpractice RVU of 0.03 multiplied by the malpractice GPCI of 0.796 is 0.02388. The sum is 1.68374 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$98.18. This code has the highest PE for this date. The first unit is paid at \$98.18.
- Procedure code 97760 (November 2, 2018) has a Work RVU of 0.5 multiplied by the Work GPCI of 1 is 0.5. The practice expense RVU of 0.81 multiplied by the PE GPCI of 0.938 is 0.75978. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.796 is 0.01592. The sum is 1.2757 multiplied by the DWC conversion factor of \$58.31 for a MAR of \$74.39. This code has the highest PE for this date. The first unit is paid at \$74.39.
- Procedure codes G8987 and G8988 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 \$555.65. The insurance carrier paid \$643.31. The amount due is \$0.00. No additional payment is recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of the division is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered. 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

October 31, 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.