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 Alliance

Respondent Name
Hartford Casualty Insurance Co

MFDR Tracking Number
M4-20-0091-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
September 13, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The purpose of this letter is to inform you that payment for services rendered … does not comply with Chapters 134.403 and 134.404 of Texas Administrative Code."

Amount in Dispute: $63.35

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Dates of service in dispute were processed in Accordance with Texas Workers Compensation Guidelines 28 TAC §134.203 (b)(1) & (c). 28 TAC 134.403."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 12 – 20, 2019	Outpatient Therapy Services	$63.35	$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
- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules
- 170 – Reimbursement is based on the outpatient/inpatient fee schedule
- P12 – Workers compensation jurisdictional fee schedule adjustment

Issues

1. Is the carrier's reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking additional reimbursement for outpatient therapy services performed from June 12 – 20, 2019. The carrier reduced the allowed amount based on the multiple procedure rules, Workers' compensation jurisdictional fee schedule amount and benefit maximum.

   Insufficient evidence was found to support the reduction based on benefit maximum. The fee adjustments are discussed below.

   The applicable DWC Rule is found in 28 TAC 134.403. The first applicable section is (d) which requires Texas workers' compensation system participants to apply Medicare payment policies in effect on the date the service is provided.

   The Medicare OPPS payment policy is found at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html. The specific factor is the Status Indicators. The status indicator for each of the HCPCs code listed on the DWC060 have an "A" status indicator which is defined as, "Not paid under OPPS. Paid by MACs under a fee schedule or payment system other than OPPS."

   The next section of Rule §134.403 is (h) which requires outpatient hospital services that when Medicare reimburses using other Medicare fee schedules, reimbursement shall be made using the applicable Division Fee Guideline in effect for that service on the date the service was provided.

   The Division fee guideline for the disputed services is 28 TAC 134.203. The fee guideline calculation and multiple procedure discount reduction is discussed in the next paragraph.

2. Payment reductions were made by the carrier based upon multiple procedure rules. Rule §134.203 paragraph (b) (1) 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 the codes in dispute are subject to MPPR policy.

   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 provided indicates that several procedures were billed by the health care provider. In order to determine whether the MPPR applies to the service in dispute, the DWC must rank all the services provided by their PE payment factor.

CODE	PRACTICE EXPENSE	Medicare Policy Payment
97032	0.16	$12.18 MPPR applies
97110	0.04	$31.08 no MPPR, $23.98 with MPPR
97140	0.35	$22.09 MPPR applies
97162	1.15	$85.76 no MPPR
G0283	0.21	$10.53 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 Forth Worth is 28.

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

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR

Applicable 28 TAC 134.203(h) states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount.

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
June 17, 2019	97032	$12.18[1]	(56.19 ÷ 36.0391) x $12.18 = $20.00	$135.75	$20.00
June 12, 2019	97110	$23.98[1]	(56.19 ÷ 36.0391) x $23.98 = $39.38	$162.50	$39.38
June 12, 2019	97140	$22.09[1]	(56.19 ÷ 36.0391) x $36.28	$146.25	$36.28
June 13, 2019	97140	$22.09[1]	(56.19 ÷ 36.0391) x $22.09 x 3 = $108.84	$438.75	$108.84
June 17, 2019	97140	$22.09[1]	(56.19 ÷ 36.0391) x $22.09 x 3 = $108.84	$438.75	$108.84
June 20, 2019	97140	$22.09[1]	(56.19 ÷ 36.0391) x $22.09 x 2 = $72.56	$292.50	$72.56
June 13, 2019	G0283	$10.53[1]	(56.19 ÷ 36.0391) x $10.53 = $17.29	$122.75	$17.29
		[1]MPPR reduced payment		Total Allowable Reimbursement	$403.19

The total allowable DWC fee guideline reimbursement is $403.19. The insurance carrier paid $403.19. No additional reimbursement can be recommended.

Conclusion

For the reasons stated above, DWC 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, DWC hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

		October 9, 2019
Signature	Medical Fee Dispute Resolution Officer	Date

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 DWC within **twenty** days of your receipt of this decision. 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.

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 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.