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 Injury Clinic

Respondent Name
Zurich American Insurance

MFDR Tracking Number
M4-20-0379-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
October 11, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier's original rationale for denial was superseded by Contested Case Hearing decision and judges order… …upon reconsideration they violated §133.3(a) in changing the rational for denial…"

Amount in Dispute: $702.24

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 11, 2018 through November 2, 2018	Physical therapy services	$702.24	$691.63

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 §134.203 sets out the reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - B12 – not documented in the patient medical record
   - 59 – Processed based on multiple or concurrent procedure rules
   - 193 – Original payment decision is being maintained

- P12 – Workers compensation jurisdictional fee schedule adjustment

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What rule is applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

The documentation submitted with the request for medical fee dispute contained denials based on entitlement to benefits and a Contested Case Hearing resulting in an Administrative Law Judge order to pay benefits.

The insurance carrier subsequently made a payment of the disputed services. This review will be based on the fee amount paid.

1. The request is seeking additional reimbursement for physical therapy services in the amount of $702.24. The insurance carrier denied the disputed service Code 97112 as B12 – not documented in the patient medical record.

   Review of the submitted "Workers Compensation Daily Soap Note" found the following note, "Neuromuscular re-education was administered on the lumbar spinal region for 15 minutes." The insurance carrier's denial for lack of documentation is not supported.

   The reduction in the billed amount based on the multiple procedure rules and workers' compensation fee schedule will be reviewed below.

2. 28 TAC §134.203 (b) states in pertinent part for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding; billing and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

   The Medicare multiple procedure discount policy is found at www.cms.gov, Medicare Claims Processing Manual, Chapter 5, Section 10.7

   > *Medicare applies an MPPR to the PE payment when more than one unit or procedure is provided to the same patient on the same day, i.e., the MPPR applies to multiple units as well as multiple procedures.*
   >
   > *Full payment is made for the unit or procedure with the highest PE payment.*
   >
   > *For subsequent units and procedures furnished to the same patient on the same day, full payment is made for work and malpractice and 50 percent payment is made for the PE for services submitted on either professional or institutional claims.*
   >
   > *To determine which services will receive the MPPR, the services are ranked according to the applicable PE relative value units (RVU) the service with the highest PE RVU is priced at 100% and appropriate MPPR is applied to the remaining services.*

   The insurance carrier's reduction is supported.

   A table that indicates the ranking of the submitted codes found on the medical bill based on the PE RVU for Fort Worth, Texas is found at https://www.cms.gov/Medicare/Billing/TherapyServices/index, and shows:

HCPCS Code	Practice Expense RVU	Allowable
97024	0.13	$4.75
97140	0.35	$22.07
97110	0.4	$23.95
97112	0.47	$35.35

Full payment will be made for HCPCS code 97112. All other codes will receive reduction per MPPR policy.

The applicable DWC fee guideline with these reductions and applicable fee guideline for the services listed on the DWC060 is as follows:

Date of service	Submitted Code	Units	Billed amount	MAR calculation per 28 TAC §134.203 (c) DWC Conversion factor/Medicare Conversion factor multiplied by Physician fee schedule allowable	Lesser amount per 28 TAC §134.203 (h)
October 11, 2018	97112	1	$80.00	58.31/35.9996 x $35.35 = $57.26	$57.26
October 13,2018	97112	1	$80.00	58.31/35.9996 x $35.35 = $57.26	$57.26
October 16,2018	97024	1	$50.00	58.31/35.9996 x $4.75 = $7.69	$7.69
October 16,2018	97140	1	$80.00	58.31/35.9996 x $22.07 = $35.75	$35.75
October 16,2018	97110	2	$160.00	58.31/35.9996 x $23.95 x 2 = $75.59	$75.59
October 16,2018	97112	1	$80.00	58.31/35.9996 x $35.35 = $57.26	$57.26
October 18,2018	97112	1	$80.00	58.31/35.9996 x $35.35 = $57.26	$57.26
October 20,2018	97112	1	$80.00	58.31/35.9996 x $35.35 = $57.26	$57.26
October 24,2018	97112	1	$80.00	58.31/35.9996 x $35.35 = $57.26	$57.26
October 26,2018	97112	1	$80.00	58.31/35.9996 x $35.35 = $57.26	$57.26
October 27,2018	97112	1	$80.00	58.31/35.9996 x $35.35 = $57.26	$57.26
October 31,2018	97112	1	$80.00	58.31/35.9996 x $35.35 = $57.26	$57.26
November 2,2018	97112	1	$80.00	58.31/35.9996 x $35.35 = $57.26	$57.26
				Total	$691.63

3. The total allowed amount for the disputed services $691.63. This amount is recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC 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 established payment is due. As a result, the amount ordered is $691.63.

ORDER

In accordance with Texas Labor Code Section 413.031 and 413.019 (if applicable) and based on the submitted information, DWC finds the requestor is entitled to additional reimbursement. DWC hereby ORDERS the respondent to remit to the requestor $691.63, plus accrued interest per Rule §134.130, due within 30 days of receipt of this order.

Authorized Signature

		December 6, 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.

Multiple Procedure Payment Reduction Rate File for 2018
Date: 3/26/2018