



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 OF PLANO

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-20-0989-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

December 17, 2019

Response Submitted By

Texas Mutual Insurance Company

REQUESTOR'S POSITION SUMMARY

"Underpaid/Denied Physical Therapy Rate"

RESPONDENT'S POSITION SUMMARY

"Texas Mutual reviewed the billing and documentation, and paid the fee schedule amount."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
March 4, 2019 to March 29, 2019	Outpatient Hospital Services	\$175.25	\$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.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
 - 97 – THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
 - 284 – NO ALLOWANCE WAS RECOMMENDED AS THIS PROCEDURE HAS A MEDICARE STATUS OF 'B' (BUNDLED).
 - 356 – THIS OUTPATIENT ALLOWANCE WAS BASED ON THE MEDICARE'S METHODOLOGY (PART B) PLUS THE TEXAS MARKUP.
 - 650 – ALLOWANCE IS REDUCED PER THE MULTIPLE PROCEDURE PAYMENT REDUCTION FOR SELECTED THERAPY SERVICES.
 - W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
 - 350 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
 - 891 – NO ADDITIONAL PAYMENT AFTER RECONSIDERATION

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 (March 27, 2019) has status indicator B, denoting a bundled code. Reimbursement is included with payment for other services to which this code is incident.
- Per Medicare policy regarding Correct Coding Initiative (CCI) edits, procedure code 97018 (March 4, March 6, March 8, March 12, March 15, March 18, March 22, March 25, 2019) may not be reported with code 97140 billed on this same claim. Payment for this service is included in the reimbursement for code 97140.
- Procedure code 97018 (March 29, 2019) has a Work RVU of 0.06 multiplied by the Work GPCI of 1 is 0.06. The practice expense RVU of 0.13 multiplied by the PE GPCI of 0.938 is 0.12194. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.796 is 0.00796. The sum is 0.1899 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$11.24. The PE for this code is not the highest; payment is reduced by 50% of the practice expense. The PE reduced rate is \$7.63.
- Procedure code 97032 (March 27, 2019) has a Work RVU of 0.25 multiplied by the Work GPCI of 1 is 0.25. 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 0.40804 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$24.15. The PE for this code is not the highest; payment is reduced by 50% of the practice expense. The PE reduced rate is \$19.71.
- Procedure code 97035 (March 25, March 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. The total for 2 visits is \$35.24
- Procedure code 97110 (March 4, March 6, March 8, March 12, March 18, March 22, March 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 dates. 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. The first unit is paid at \$49.79. The PE reduced rate is \$38.68. The total is \$88.47. The total for 7 visits is \$619.29
- Procedure code 97110 (March 15, March 25, March 27, 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 dates. The first unit is paid at \$49.79. The total for 3 visits is \$149.37

- Procedure code 97140 (March 4, March 6, March 8, March 12, March 18, March 22, March 25, March 27, 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. The total for 8 visits is \$285.12
- Procedure code 97140 (March 15, 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 at 2 units is \$71.28.

The total allowable reimbursement for the disputed services is \$1,187.64. The insurance carrier paid \$1,280.98. No additional payment is recommended.

Conclusion

For the reasons above, the requestor failed to establish payment is due. As a result, 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

January 10, 2020
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.