



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Gilbert Gonzales Jr

**Respondent Name**

New Hampshire Insurance Co

**MFDR Tracking Number**

M4-22-0457-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

November 23, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 4, 2020	97110	\$180.00	\$169.01
November 4, 2020	97140	\$45.00	\$36.77
November 5, 2020	97110	\$180.00	\$169.01
November 5, 2020	97140	\$45.00	\$36.77
November 12, 2020	97110	\$180.00	\$169.01
November 12, 2020	97140	\$45.00	\$36.77
November 17, 2020	97110	\$180.00	\$169.01
November 17, 2020	97140	\$45.00	\$36.77
December 1, 2020	97110	\$180.00	\$0.00
December 1, 2020	97140	\$45.00	\$0.00
<b>Total</b>		<b>\$1,125.00</b>	<b>\$823.12</b>

### Requestor's Position

The requestor did not submit a position statement but did submit a copy of their reconsideration that states, "The patient was seen in our office for the compensable body part. The patient was approved for physical therapy 6 session approved #3885006 exp date 10/7/2020 to 11/30/2020."

**Amount in Dispute:** \$1,125.00

## **Respondent's Position**

The provider's DWC-60 packet also includes a June 18, 2021 request for reconsideration that specifically noted that six physical therapy sessions were approved with the expiration date of November 30<sup>th</sup>, 2020. Assuming as much, then that means that the provider did not have preauthorization approval for the date of service of December 1<sup>st</sup>, 2020. Accordingly, the provider is not entitled to any reimbursement for it.

## **Findings and Decision**

### Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.600 sets out the requirements for physical therapy.
3. 28 TAC §134.203 sets out the billing requirements of physical therapy.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 197 – Payment denied/reduced for absence of precertification/authorization;
- 219 – Based on extent of injury.

### Issues

1. Did the insurance carrier meet Division guidelines for Plan Language Notification?
2. Is the insurance carrier's denial based on lack of prior authorization supported?
3. What rule is applicable to reimbursement?
4. Is the requestor entitled to additional reimbursement?

### Findings

1. DWC Rule 28 TAC §133.307(d)(2)(H) further requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

DWC Rule 28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices “shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim.”

Review of the submitted information finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2. The insurance carrier’s denial reason is therefore not supported. Furthermore, because the respondent failed to meet the requirements of Rule §133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution. Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. The insurance carrier denied the disputed service based on lack of required prior authorization. Review of DWC Rule 134.600 (p)(5) states in pertinent part physical therapy requires preauthorization. Review of the submitted documentation found approval of physical therapy beginning 10/7/2020 and ending November 30, 2020, 2 x 3. The insurance carrier’s denial is not supported for dates of service November 4 – 17, 2020. These services will be reviewed per applicable fee guideline.

For date of service December 1, 2020, the insurance carrier’s denial is supported.

3. The applicable DWC fee guideline for physical therapy is 28 TAC §134.203 (b) (1) which requires the application of Medicare payment policies applicable to professional services.

The Medicare 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.

The MPPR policy allows for full payment 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 three procedures were billed by the health care provider. In order to determine the MPPR allowable, the services provided are ranked by their PE expense shown below.

Code	Practice Expense	Allowed Amount	Medicare Policy
97110	0.4	\$30.41/\$23.57	First unit no reduction 2 <sup>nd</sup> unit reduction
97140	0.35	\$22.00	Not the highest, reduced payment

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 San Antonio, Texas.
- The carrier code for Texas is 4412 and the locality code for San Antonio is 99.

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

$$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$$

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	Units	Medicare Payment	DWC Conversion Factor divided by Medicare Conversion Factor or $60.32 \div 36.0896 = 1.67$	Billed Amount	Lesser of MAR and billed amount
November 4, 2020	97110	4	\$30.41 1 <sup>st</sup> unit \$23.57 2-4	\$169.01	\$180.00	\$169.01
November 4, 2020	97140	1	\$22.00	\$36.77	\$45.00	\$36.77
November 5, 2020	97110	4	\$30.41 1 <sup>st</sup> unit \$23.57 2-4	\$169.01	\$180.00	\$169.01
November 5, 2020	97140	1	\$22.00	\$36.77	\$45.00	\$36.77
November 12, 2020	97110	4	\$30.41 1 <sup>st</sup> unit \$23.57 2-4	\$169.01	\$180.00	\$169.01
November 12, 2020	97140	1	\$22.00	\$36.77	\$45.00	\$36.77
November 17, 2020	97110	4	\$30.41 1 <sup>st</sup> unit \$23.57 2-4	\$169.01	\$180.00	\$169.01
November 17, 2020	97140	1	\$22.00	\$36.77	\$45.00	\$36.77
Total						\$823.12

4. The total allowable DWC fee guideline reimbursement is \$823.12. This amount is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that New Hampshire Insurance Co must remit to Gilbert Gonzales Jr. \$823.12 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 3, 2022

\_\_\_\_\_  
Date

### Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).