

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Doctor's Hospital at Renaissance

Respondent Name

Texas Wat Conservation Assoc Risk

MFDR Tracking Number

M4-22-1348-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

March 3, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 3, 2021	97112	\$71.70	\$0.00
August 3, 2021	97110	\$125.88	\$0.00
August 5, 2021	97112	\$71.70	\$0.00
August 5, 2021	97110	\$125.88	\$0.00
August 5, 2021	97140	\$57.28	\$0.00
August 9, 2021	97112	\$71.70	\$0.00
August 9, 2021	97110	\$125.88	\$0.00
August 9, 2021	97140	\$57.28	\$0.00
August 11, 2021	97112	\$71.70	\$0.00
August 11, 2021	97110	\$125.88	\$0.00
August 13, 2021	97112	\$71.70	\$0.00
August 13, 2021	97110	\$125.88	\$0.00
August 13, 2021	97530	\$82.10	\$0.00
August 16, 2021	97112	\$71.70	\$0.00
August 16, 2021	97110	\$125.88	\$0.00
August 16, 2021	97530	\$82.10	\$0.00
August 18, 2021	97530	\$125.88	\$0.00
August 18, 2021	97110	\$11.78	\$0.00
August 20, 2021	97112	\$0.00	\$0.00
August 20, 2021	97110	\$0.00	\$0.00

August 25, 2021	97110	\$0.00	\$0.00
August 25, 2021	97530	\$15.33	\$0.00
Total		\$1,748.65	\$0.00

Requestor's Position

The requestor did not submit a position statement but did submit a copy of their reconsideration that states, "According to TWCC guidelines, Rule §134.403 states the reimbursement calculation used for establishing the MAR shall be by applying the Medicare facility specific amount. After reviewing the account we have concluded that reimbursement received was inaccurate."

Amount in Dispute: \$1,748.65

Respondent's Position

The Austin carrier representative for Texas Water Conservation Assoc Risk is JI Specialty Services. The representative was notified of this medical fee dispute on March 8, 2022.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 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. 28 Texas Administrative Code §102.4 sets out the rules for non-division communications.

Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 29 – The time limit for filing has expired

- 59 – Processed based on multiple or concurrent procedure rules
- P12 – Workers’ compensation jurisdictional fee schedule adjustment
- 193 – Original payment decision is being maintained upon review it was determined that this claim was processed properly

Issues

1. Did the requestor support timely submission of medical bills?
2. Is the insurance carrier’s reduction based on multiple procedure rules and workers’ compensation fee schedule supported?
3. Is requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement for outpatient physical therapy services for dates of service August 3, 2021, through August 25, 2021. The insurance carrier denied dates of service August 3 -18, 2021 as the time limit for filing has expired.

DWC Rule 28 TAC §133.20 (b) states in pertinent part, Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code 408.0272. (b) states in pertinent part, notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

- (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
- (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
- (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found the submitted medical bill had a creation date of November 10, 2021. The explanation of benefits from the insurance carrier indicates the claim was not received until November 23, 2021. DWC Rule 28 TAC §102.4 (h) states,

Unless the great weight of evidence indicates otherwise, written communications will be

deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or
- (2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

Insufficient evidence was submitted by the requestor to support the timely submission of a claim or that an exception as described in Texas Labor Code 408.0272 exists.

No payment is recommended for dates of service August 3 – 18, 2021.

- 2. The requestor is seeking additional reimbursement for outpatient therapy services performed rendered from August 20 – 25, 2021. The carrier reduced the allowed amount based on the workers compensation fee schedule and multiple procedure payment rules.

DWC Rule 28 TAC 134.403 applies to outpatient hospital services. Section (h) requires when Medicare reimburses using other Medicare fee schedules, reimbursement is made using the applicable Division Fee Guideline in effect for that service on the date was provided.

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 insurance carrier’s reduction of payment is supported.

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
97112	0.49	\$34.18/26.02	MPPR applies
97110	0.4	\$29.44/22.77	MPPR applies to 2 nd unit
97530	0.67	\$38.09/\$26.92	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 Edinburg, Texas.
- The carrier code for Texas is 4412 and the locality code for Edinburg 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 61.17/34.8931 = 1.75	Billed Amount	Lesser of MAR and billed amount
August 20, 2021	97112	1	\$26.02	\$45.61	299.98	\$45.61
August 20, 2021	97110	2	\$29.44 \$22.77	\$51.61 \$39.92	149.19	\$51.61 \$39.92
August 20, 2021	97530	1	\$26.92	\$45.61	299.98	\$45.61
August 25, 2021	97110	1	\$29.44	\$51.61	185.00	\$51.61
August 25, 2021	97530	1	\$26.92	\$47.19	149.99	\$47.19
Total						\$321.47

3. The total allowable DWC fee guideline reimbursement is \$321.47. The insurance carrier paid \$348.29. No additional payment 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 requestor has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 7, 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. 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.

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.