



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Integra Specialty Group

Respondent Name

Southern Insurance Co

MFDR Tracking Number

M4-12-0900-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

November 17, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please note that all MAR fee guidelines have been followed. The treatment procedure were properly documented with adequate support and the billings of treatment procedure were not global."

Amount in Dispute: \$472.78

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Written acknowledgement of medical fee dispute was received however no position statement was submitted.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 11, 2011	Physical Therapy	\$472.78	\$443.53

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted 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 fee guidelines for professional medical services.
3. 28 Texas Administrative Code §133.230 sets out guidelines for medical payments and denials.
4. No explanation of benefits was submitted by either party in this dispute.

Issues

1. Did the requestor submit the claim per Division guidelines?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to reimbursement?

Findings

1. The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged, received on November 22, 2011. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.
2. Per 28 Texas Administrative Code §134.240 (a) states in pertinent part, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation." Review of the submitted documentation finds;
 - Billing acceptance report dated 11/10/2011 that shows claim was submitted and accepted on 2/7/2011. This claim shows provider (Integra Specialty Group), Payer (Gallagher Bassett Services, Inc), (claimant).

The requestor has supported the medical claim was submitted in a timely manner to the Carrier however, no information from the Carrier was found to support timely action was taken on this claim as required by the above referenced rule. Therefore, the services in dispute will be calculated per applicable rules and fee guidelines.

3. Per 28 Texas Administrative Code §134.203 (c) states in pertinent part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor)." The maximum allowable reimbursement will be calculated as follows;
 - Procedure code 99213, service date January 11, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.97 multiplied by the geographic practice cost index (GPCI) for work of 1.0085 is 0.978245. The practice expense (PE) RVU of 0.99 multiplied by the PE GPCI of 1.001 is 0.99099. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.969 is 0.06783. The sum of 2.037065 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$111.10.
 - Procedure code 97110, service date January 11, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.0085 is 0.453825. The practice expense (PE) RVU of 0.41 multiplied by the PE GPCI of 1.001 is 0.41041. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.969 is 0.00969. The sum of 0.873925 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$47.66. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$43.19 at 4 units is \$172.76.
 - Procedure code 97112, service date January 11, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.0085 is 0.453825. The practice expense (PE) RVU of 0.45 multiplied by the PE GPCI of 1.001 is 0.45045. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.969 is 0.00969. The sum of 0.913965 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$49.85. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$49.85.
 - Procedure code 97140, service date January 11, 2011, represents a professional service with

reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.0085 is 0.433655. The practice expense (PE) RVU of 0.38 multiplied by the PE GPCI of 1.001 is 0.38038. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.969 is 0.00969. The sum of 0.823725 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$44.93. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$40.78.

- Procedure code 97032, service date January 11, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.25 multiplied by the geographic practice cost index (GPCI) for work of 1.0085 is 0.252125. The practice expense (PE) RVU of 0.26 multiplied by the PE GPCI of 1.001 is 0.26026. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.969 is 0.00969. The sum of 0.522075 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$28.47. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$25.64 at 2 units is \$51.28.
- Procedure code 97035, service date January 11, 2011, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.21 multiplied by the geographic practice cost index (GPCI) for work of 1.0085 is 0.211785. The practice expense (PE) RVU of 0.13 multiplied by the PE GPCI of 1.001 is 0.13013. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.969 is 0.00969. The sum of 0.351605 is multiplied by the Division conversion factor of \$54.54 for a MAR of \$19.18. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$17.76.

4. The total allowable reimbursement for the services in dispute is \$443.53. This amount less the amount previously paid by the insurance carrier of \$0.00 leaves an amount due to the requestor of \$443.53. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$443.53.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$443.53 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 12, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

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