



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

Elite Healthcare South Dallas

Respondent Name

American Zurich Insurance Co

MFDR Tracking Number

M4-18-3524-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 23, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The above date of service was not paid in full and has been returned due to reason: "Workers' compensation jurisdictional fee schedule adjustment."

Amount in Dispute: \$151.19

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our bill audit company has determined additional monies are owed in the amount of \$74.94."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 5, 2017	97110, 97140	\$151.19	\$0.00

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P12 - Workers' compensation jurisdictional fee schedule adjustment
 - 59 – Processed based on multiple or concurrent procedure rules

Issues

1. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking additional reimbursement in the amount of \$151.19 for services rendered September 5, 2017. The insurance carrier reduced the disputed services with claim adjustment reason code P12 – “Workers’ compensation jurisdictional fee schedule adjustment” and 59 – “Processed based on multiple or concurrent procedure rules.”

28 Texas Administrative Code §134.203 (b) (1) states in pertinent part,

(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers

The applicable Medicare payment policy is found in the Medicare Claims Processing Manual, Chapter 5, Section, 10.7 which states in pertinent part,

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 with dates of service on or after April 1, 2013, 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.

The MPPR rate file is found at <https://www.cms.gov/Medicare/Billing/TherapyServices/index.html>

The calculation of the maximum allowable reimbursement based on this Medicare payment policy and Division fee guideline is shown below.

28 Texas Administrative Code 134.203 (c) (1) 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 fee calculation is as follows:

- Procedure code 97110, billed September 5, 2017 for four units has a PE of 0.45 not the highest for this date. Each unit will be paid at the reduced allowable of \$25.12. Workers Compensation Conversion Factor/Medicare Conversion Factor x allowable or $57.5/35.8887 \times \$25.12 \times 4 = \160.99 . The carrier paid \$167.97. The carrier’s reduction is supported. No additional payment is recommended.
- Procedure code 97140, billed September 5, 2017 for two unit has a PE of 0.41 not the highest for this date. Each unit will be paid at the reduced allowable of \$23.39. $57.5/35.8887 \times \$23.39 \times 2 = \74.95 . The carrier paid \$74.94. The carriers’ reduction is supported. No additional payment is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 9, 2018
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 the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division 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 Texas Administrative Code §141.1(d).

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