



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

TEXAS HEALTH OF PLANO

Respondent Name

LEWISVILLE INDEPENDENT SCHOOL DISTRICT

MFDR Tracking Number

M4-18-3888-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 11, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Underpaid/Denied Physical Therapy Rate."

Amount in Dispute: \$167.14

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Starr Comprehensive Solutions maintains the position that Texas Health of Plano has been reimbursed appropriately for DOS 01/04/2018 – 01/30/2018 and in accordance with the 134.403 Hospital Facility Fee Guideline – Outpatient (h)."

Response Submitted by: Edwards Claims Administration/STARR Comprehensive Solutions, Inc.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: January 4, 2018 to January 30, 2018, Outpatient Facility Services – Physical Therapy, \$167.14, \$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

- 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 hospital facility fee guideline for outpatient services.
3. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 246 – This non-payable code is for required reporting only.
- W3 – Additional payment made on appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What is the recommended payment for the services in dispute?
2. Is the requestor entitled to additional reimbursement?

Findings

1. This dispute regards physical therapy services performed in an outpatient hospital facility setting. Such services are not paid under Medicare's Outpatient Prospective Payment System but rather under Medicare's Physician Fee Schedule for professional services.

Rule §134.403(h) requires that if Medicare pays using other Medicare fee schedules, reimbursement shall be made using the DWC fee guideline applicable to the code on the date the service was provided. Accordingly, payment for these services is calculated under the DWC Medical Fee Guideline for Professional Services, Rule §134.203(c).

The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by a conversion factor. The MAR is calculated by substituting the division conversion factor.

The applicable division conversion factor for calendar year 2018 is \$58.31.

Per Medicare payment policy, when more than one unit is billed of therapy services with multiple procedure payment indicator '5', the first unit of the therapy with the highest practice expense for that day is paid in full. Payment is reduced by 50% of the practice expense (PE) for each extra therapy unit performed on that date.

Reimbursement for the disputed services is calculated as follows:

- Procedure code 97110, January 2, 2018, 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 division conversion factor of \$58.31 for a MAR of \$49.05. For each extra therapy unit, payment is reduced by 50% of the practice expense. This code has the highest PE for this date. The first unit is paid at \$49.05. The PE reduced rate is \$38.11. The total for 2 units is \$87.16.
- Procedure code 97164, January 4, 2018, has a Work RVU of 0.75 multiplied by the Work GPCI of 1 is 0.75. The practice expense RVU of 0.83 multiplied by the PE GPCI of 0.938 is 0.77854. The malpractice RVU of 0.03 multiplied by the malpractice GPCI of 0.796 is 0.02388. This code has the highest PE. The sum is 1.55242 multiplied by the division conversion factor of \$58.31 for a MAR of \$90.52.
- Procedure code 97110, January 4, 2018, 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 PE for this code is not the highest. The PE reduced rate is \$38.11 at 2 units is \$76.22.
- Procedure codes G8978 and G8979 have status indicator Q, denoting functional information codes used for reporting purposes only. No separate payment is made.
- Procedure code 97110, January 9, 2018, 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 division conversion factor of \$58.31 for a MAR of \$49.05. This code has the highest PE. The first unit is paid at \$49.05. The PE reduced rate is \$38.11 at 2 units is \$76.22. The total for 3 units is \$125.27.
- Procedure code 97116, January 9, 2018, has a Work RVU of 0.45 multiplied by the Work GPCI of 1 is 0.45. The practice expense RVU of 0.39 multiplied by the PE GPCI of 0.938 is 0.36582. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.796 is 0.01592. The PE for this code is not the highest. The PE reduced rate is \$37.83.
- Procedure code 97110, January 11, 2018, 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 division conversion factor of \$58.31 for a MAR of \$49.05. This code has the highest PE. The first unit is paid at \$49.05. The PE reduced rate is \$38.11 at 2 units is \$76.22. The total for 3 units is \$125.27.

- Procedure code 97110, January 23, 2018, 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 division conversion factor of \$58.31 for a MAR of \$49.05. This code has the highest PE. The first unit is paid at \$49.05. The PE reduced rate is \$38.11 at 2 units is \$76.22. The total for 3 units is \$125.27.
 - Procedure code 97110, January 30, 2018, 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 division conversion factor of \$58.31 for a MAR of \$49.05. This code has the highest PE. The first unit is paid at \$49.05. The PE reduced rate is \$38.11 at 3 units is \$114.33. The total for 4 units is \$163.38.
2. The total allowable reimbursement for the disputed services is \$830.92. The insurance carrier paid \$993.96. 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

Grayson Richardson
Medical Fee Dispute Resolution Officer

July 3, 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.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form DWCO45M) in accordance with the form’s instructions. 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 on the form, or to the field office handling the claim.

A party seeking review of this decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. The request must include a copy of this *Medical Fee Dispute 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.