



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

Elite Healthcare Garland

Respondent Name

TPCIGA for Freestone Insurance

MFDR Tracking Number

M4-15-1448-01

Carrier's Austin Representative

Box Number 50

MFDR Date Received

January 15, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The attached date of service has been partially paid based on the PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES. I submitted this request to the carrier for reconsideration, explaining this reduction is for providers submitting claims to Medicare contractors. However we do use the Medicare fee schedule to obtain our fees, but **we ARE NOT Medicare contractors.** ... Also, almost ALL of the claims on this patient have been paid in full... Please note this patient had preauthorization and PER RULE 134.600, the carrier shall not withdraw, or alter once issued."

Amount in Dispute: \$450.92

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We have reviewed the submitted request and determined no additional payment is due."

Texas Workers' Compensation health care reimbursement policies and guidelines require the application of the most current reimbursement methodologies, models, and values or weights used by the Federal Centers for Medicare and Medicaid Services(CMS), including applicable payment policies relating to coding, billing, and reporting, unless otherwise directed by the Labor Code, or Division rules. There is no Labor Code, or Division rule, that omits the application of the CMS multiple procedures policy related to therapy services."

Response Submitted by: Review Med

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 10 – November 4, 2014	Physical Therapy (97112 & 97110) & Work Status Report (99080)	\$450.92	\$0.00

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 billing and reimbursing professional medical services.

3. 28 Texas Administrative Code §129.5 sets out the procedures for Work Status Reports.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
For CPT codes 97112 & 97110:
 - Charge exceeds fee schedule allowance.
 - Charge reviewed to multiple procedure ground rules.
 - 59 – Processed based on multiple or concurrent procedure rules.
 - P12 – Workers’ Compensation Jurisdictional Fee Schedule Adjustment.
 - This procedure on this date was previously reviewed.
 - 18 – Exact duplicate claim/service.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.For CPT code 99080:
 - Please submit a copy of the report and the bill for our review.
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
 - P12 – Workers’ Compensation Jurisdictional Fee Schedule Adjustment.

Issues

1. What rules apply to the disputed services?
2. Did the requestor meet the documentation requirements for CPT code 99080?
3. What is the total allowable for the disputed physical therapy services?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier reduced CPT codes 97112 and 97110 on the dates in question, stating, “Processed based on multiple or concurrent procedure rules.” The requestor disagrees, stating that they “are not Medicare contractors.” 28 Texas Administrative Code §134.203 (b) states, “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; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); **and other payment policies in effect on the date a service is provided** with any additions or exceptions in the rules” [emphasis added]. Therefore, being a Medicare contractor is not required for Medicare payment policies to apply.
 The insurance carrier denied payment for CPT code for date of service 9/22/14, stating, “Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.” 28 Texas Administrative Code §129.5 (d), (f), and (i) define the requirements for filing and billing for a Work Status Report (DWC073).
2. Review of the submitted documentation does not support that the requirements of 28 Texas Administrative Code §129.5 (d), (f), or (i) were met for date of service 9/22/14. Therefore, the requestor did not meet the documentation requirements for CPT code 99080 on this date of service.
3. Procedure code 97112, service date September 10, 2014, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.013 is 0.48624. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.95057 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$52.99. 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 50% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$52.99. The PE reduced rate is \$39.44. The total is \$92.43.
 Procedure code 97110, service date September 10, 2014, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.013 is 0.44572. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.91005 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$50.74. 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 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.31 at 2 units is \$76.62.

Procedure code 97112, service date September 11, 2014, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.013 is 0.48624. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.95057 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$52.99. 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 50% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$52.99. The PE reduced rate is \$39.44. The total is \$92.43.

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Procedure code 97112, service date September 15, 2014, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.013 is 0.48624. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.95057 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$52.99. 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 50% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$52.99. The PE reduced rate is \$39.44. The total is \$92.43.

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Procedure code 97112, service date September 17, 2014, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.013 is 0.48624. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.95057 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$52.99. 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 50% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$52.99. The PE reduced rate is \$39.44. The total is \$92.43.

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Procedure code 97112, service date September 22, 2014, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.013 is 0.48624. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.95057 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$52.99. 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 50% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$52.99. The PE reduced rate is \$39.44. The total is \$92.43.

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Procedure code 97112, service date September 30, 2014, 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

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Procedure code 97112, service date October 29, 2014, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.013 is 0.48624. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.95057 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$52.99. 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 50% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$52.99. The PE reduced rate is \$39.44. The total is \$92.43.

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Procedure code 97112, service date November 3, 2014, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.013 is 0.48624. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.95057 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$52.99. 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 50% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$52.99. The PE reduced rate is \$39.44. The total is \$92.43.

Procedure code 97112, service date November 4, 2014, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.013 is 0.48624. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.95057 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$52.99. 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 50% of the practice expense. This procedure has the highest PE for this date. The first unit is paid at \$52.99. The PE reduced rate is \$39.44. The total is \$92.43.

Procedure code 97110, service date November 4, 2014, 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 1.014 is 0.4563. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.013 is 0.44572. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.803 is 0.00803. The sum of 0.91005 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$50.74. 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 50% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.31 at 2 units is \$76.62.

4. Because documentation requirements were not met for CPT code 99080 on date of service 9/22/14, no reimbursement is recommended for this service. Therefore, the total allowable reimbursement for the services in dispute is \$1,951.98. This amount less the amount previously paid by the insurance carrier of \$1,951.98 leaves an amount due to the requestor of \$0.00. Therefore, no further reimbursement 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 upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

	Laurie Garnes	March 25, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §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 MDR decision shall deliver a copy of the request 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 §141.1(d).

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