



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

LOUIS F. PUIG, MD

**Respondent Name**

NATIONAL UNION FIRE INSURANCE

**MFDR Tracking Number**

M4-22-1247-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

February 23, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 30, 2021	97110-59-GP x 3 units	\$180.45	\$138.86
<b>Total</b>		\$180.45	\$138.86

### Requestor's Position

"As precertification/authorization was supplied by the insurance carrier and a copy of it was sent with each submission of this medical bill, there should be no further reason to deny payment for CPT 97110 for this patient for this Date of Service. The precertification states 12 visits were approved and the DOS 07/30/2021 was the twelfth Date of Service for physical therapy, which falls within the number of approved visits from the precertification."

**Amount in Dispute:** \$180.45

### Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for bill review audit and payment. Supplemental response will be provided once the bill auditing company has finalized their review."

**Response Submitted by:** Gallagher Bassett

## 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 (TAC) §133.307 sets out the Medical Fee Dispute Resolution guidelines.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §134.403 sets out the outpatient Facility Fee Guidelines.
4. 28 TAC §134.600 sets out the guidelines for preauthorization, concurrent utilization review and voluntary certification of health care.

### Denial Reasons

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

- 00663 – REIMBURSEMENT HAS BEEN CALCULATED ACCODING TO STATE FEE SCHEDULE GUIDELINES.
- 90438 & 197– PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/ AUTHORIZATION.
- 199 – REVENUE CODE AND PROCEDURE CODE DO NOT MATCH.

### Issues

1. Is the Insurance Carrier's denial reason supported?
2. Is the Requestor entitled to reimbursement?

### Findings

1. The requestor seeks reimbursement for CPT Code 97110-59-GP rendered on July 30, 2021. The insurance carrier denied/reduced the disputed services with denial reduction codes indicated above.

Per 28 TAC §134.600, preauthorization is required for physical therapy services. Review of the preauthorization letter dated June 29, 2021 issues by Medinsights states the following:

"Physical therapy of right hand 3 visits per week for 4 weeks (12 sessions) 97110, 97140, 97530, 97535 and 97112... Based on the available medical information at the time of the review, Medinsights Utilization Review guidelines, and in accordance with Texas Rule 134.600, the treatment is medically appropriate."

The date of service start date is June 22, 2021 and the date of service end date is December 2021. The DWC finds that CPT Code 97110 was preauthorized and rendered within the preauthorized timeframe. The insurance carrier's denial reason is therefore not supported, and the requestor is entitled to reimbursement for the disputed service.

2. The applicable Division fee guideline is found in 28 TAC §134.203.

Compliance with 28 TAC §134.403 (d) requires application of the Medicare Multiple Procedure Payment Reduction (MPPR) implemented April 1, 2013. The MPPR policy may be found in the CMS Claims Processing Manual 100-04, Chapter 5, section 10.7 found at [www.cms.gov](http://www.cms.gov). The MPPR policy was used in the calculation of the maximum allowable reimbursement shown below.

28 TAC §134.203(b)(1) 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."

The Medicare Multiple Procedure Payment Reduction file is found at:

<https://www.cms.gov/Medicare/Billing/TherapyServices/index.html>

The Medicare payment policy regarding multiple procedure payment reduction is found in the Centers for Medicare and Medicaid Claims Processing Manual, Chapter 5, which states in applicable section 10.7:

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. Many therapy services are time-based codes, i.e., multiple units may be billed for a single procedure. The MPPR applies to all therapy services furnished to a patient on the same day, regardless of whether the services are provided in one therapy discipline or multiple disciplines, for example, physical therapy, occupational therapy, or speech-language pathology.

**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.

Review of the Medicare policies finds that the 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. Medicare publishes a list of the codes subject to MPPR annually.

For 2021 the codes subject to MPPR are found in CMS 1615 the CY 2021 PFS Final Rule Multiple Procedure Payment Reduction Files. Review of that list find that CPT Code 97110 is subject to MPPR policy.

The MPPR Rate file that contains the payments for 2021 services is found at

<https://www.cms.gov/Medicare/Billing/TherapyServices/index.html>

- The date of service is July 30, 2021.
- MPPR rates are published by the carrier and locality.
- The services were provided in zip code 77505.
- The locality is "Houston Texas."

- Using the above formula, the MAR amount for the first unit of CPT Code 97110 is \$54.68, for each additional unit, the MAR is \$42.09 x 2 units = a total MAR of \$138.86.

28 TAC §134.203 states in pertinent part, "(c) 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 \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The date of service is July 30, 2021.
  - The 2021 DWC Conversion Factor is 61.17
  - The 2021 Medicare Conversion Factor is 34.8931
  - The date of service is July 30, 2021.
  - MPPR rates are published by the carrier and locality.
  - The services were provided in zip code 77505.
  - The locality is "Houston Texas."
  - Using the above formula, the MAR amount for the first unit of CPT Code 97110 is \$54.68, for each additional unit, the MAR is \$42.09 x 2 units = a total MAR of \$138.86.
3. The DWC finds that the MAR reimbursement is \$138.86 for CPT Codes 97110 rendered on July 30, 2021. The insurance carrier paid \$0.00. The requestor seeks \$180.45, applicable 28 TAC 134.203(h) states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount, as a result the requestor is entitled to \$138.86. Therefore, this amount 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.

The DWC finds the requester has established that reimbursement of \$138.86 is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$138.86 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

May 27, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).