

Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

ZURICH AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-22-1902-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 3, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 11, 2021 through January 6, 2022	97750-GP, 99213, 99080-73, 97110-GP, and 97112-GP	\$957.64	\$286.56
Total		\$957.64	\$286.56

Requestor's Position

"We requested authorization for CPT codes 97110 AND 97112 before scheduling treatment. The units are for 6 units of 97110 and 2 units for 97112. Please note you approved these 12 sessions of physical therapy PREAUTH #5081635 . If claims are not paid according to the Texas administrative code, we will file a complaint with TDI."

Amount in Dispute: \$957.64

Respondent's Position

"Our supplemental response for the above referenced medical fee dispute resolution is as follows: the bill(s) in question was/were escalated and a review completed. Our bill audit company has determined additional monies are owed for the Date of Service 11-11-2021 in the amount of \$106.60 and for Date of Service 11-18-2021 in the amount of \$178.14. Attached are an updated copies of the Explanation of Benefits and payment summaries for your records."

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 procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, providers contract.
- P12 & 90223 – Workers' compensation jurisdictional fee schedule adjustment.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- B12 & 90201 – Services not documented in patients' medical records.

Issues

1. Did the insurance carrier issue payments for the disputed services?
2. Is the requestor entitled to reimbursement for CPT codes 97110-GP and 97750-GP?
3. Is the Requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 97550-GP, 99213, 99080-73, 97110-GP and 97112-GP rendered on November 11, 2021 through January 6, 2022. The insurance carrier states in pertinent part, "Our insurance company has determined additional monies are owed..."

Review of the EOBs submitted by the insurance carrier for review identified the following;

Date of Service November 11, 2021, CPT 97750-GP x 8 units – Payment issued on May 26, 2022 in the amount of \$106.60, under check #0179556085. The requestor seeks an additional payment in the amount of \$375.56.

Date of Service November 18, 2021, CPT 99080-73 – Payment issued on May 26, 2022 in the amount of \$15.00, under check #0179556084. No additional payment is recommended.

Date of Service November 18, 2021, CPT 99213 – Payment issued on May 26, 2022 in the amount of \$163.14, under check #0179556084. No additional payment is recommended.

Date of Service January 6, 2022, CPT 97110 x 6 units – Payments issued on July 21, 2022 in the amount of \$253.50, under check #0180807263, and \$161.16, on February 16, 2022, under check #0177250353. No additional payment is recommended.

Date of Service January 6, 2022, CPT 97112 x 2 units – Payment issued on July 21, 2022 in the amount of \$96.66, under check #0180807263. The requestor seeks an additional payment in the amount of \$31.42.

The DWC finds that the insurance carrier issued payments in accordance with the Medical Fee Guidelines, for CPT codes 97110 x 6, CPT 99213, and CPT 99080-73. As a result, additional reimbursement cannot be recommended.

The DWC finds that the insurance carrier issued partial payments for CPT codes, 97112, and 97750-GP. The disputed services are therefore reviewed per the applicable fee guidelines for additional payment consideration.

2. The insurance carrier issued partial payments for CPT Codes 97112-GP and 97750-GP.

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."

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.

CPT code 97750 rendered on November 11, 2021; this code is subject to the MPPR policy found in CMS 1693F the CY 2021 PFS Final Rule Multiple Procedure Payment Reduction Files. Review of that list find that CPT code 97750 has a PE RVU of 0.52, the requestor billed 8 units, as a result the first unit of 97112 is eligible for the full payment and the remaining units are subject to the MPPR. The Medicare reimbursement for the first unit is \$35.06 and \$25.75 for the subsequent 6 units.

CPT code 97112 rendered on January 6, 2022; this code is subject to the MPPR policy found in CMS 1693F the CY 2022 PFS Final Rule Multiple Procedure Payment Reduction Files. Review of that list find that CPT code 97112 has a PE RVU of 0.49, and CPT Code 97110 has a PE RVU of 0.40, as a result 97112 has the highest PE RVU, and therefore the first unit of 97112 is eligible for the full payment and the remaining units are subject to the MPPR.

CPT Code	PE RVU	Medicare Fee Schedule (1 st unit)	MPPR for subsequent units
97112	0.49	\$35.48	\$26.78
97110	0.40	N/A	\$23.41

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).

Dispute service rendered in 2021

- The 2021 DWC Conversion Factor is 61.17
- The 2021 Medicare Conversion Factor is 34.8931
- Per the medical bills, the services were rendered in zip code 75043; therefore, the Medicare locality is "Dallas."

The Medicare Participating amount for CPT code 97750 at this locality is \$35.06 for the first unit, and \$25.75 for the subsequent 7 units.

- Using the above formula, the DWC finds the MAR is \$61.46 for the first unit, and \$315.99 for the subsequent 7 units = MAR \$377.45.
- The respondent paid \$106.60.
- The requestor is therefore entitled to an additional payment in the amount of \$270.85.

Disputed services rendered in 2022

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the services were rendered in zip code 75043; therefore, the Medicare locality is "Dallas."

The Medicare Participating amount for CPT code 97112 at this locality is \$35.48 for the first unit and \$26.78 for subsequent units.

- Using the above formula, the DWC finds the MAR is \$64.04 x 1 unit and \$48.33 x 1 unit for a total MAR of \$112.37.
- The respondent paid \$96.66.
- The requestor is therefore entitled to an additional payment in the amount of \$15.71.

3. The DWC finds that the requestor is entitled to an additional payment in the amount of \$286.56.

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 \$286.56 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 \$286.56 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	<u>March 14, 2023</u>
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 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. 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.

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.