



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Frisco Medical Center

Respondent Name

Property & Casualty Ins Co of Hartford

MFDR Tracking Number

M4-22-2437-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

July 18, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 15, 2021	97161	\$128.50	\$0.00
Total		\$128.50	\$0.00

Requestor's Position

"Upon review of the payment, we have found this claim to be underpaid. 97161 (status indicator A) should be processed under the physical therapy fee schedule, as by definition, is payable under another fee schedule than the OPPS."

Amount in Dispute: \$128.50

Respondent's Position

"The CPT code in question (97161) was denied as a modifier is needed. Provider states it was denied as bundled."

Response submitted by: The Hartford

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.403 sets out the fee guidelines for outpatient hospital services.

Denial Reasons

The insurance carrier denied the disputed code with the following reduction codes.

- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 10 – The billed service requires the use of a modifier code

Issues

1. Is the insurance carrier's denial supported?
2. Is the requestor due additional payment?

Findings

1. The requestor is seeking additional reimbursement for outpatient physical therapy code 97161 for date of service October 15, 2021. The insurance carrier denied the claim line as requiring a modifier.

DWC Rule §134.403 (d) states in pertinent part, for coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided.

The applicable Medicare payment policy is found at www.cms.gov Claims Processing Manual, Section, 10.2.4 - Reporting for Certain Outpatient Department Services (That Are Similar to Therapy Services) ("Non-Therapy Outpatient Department Services") and Are Adjunctive to Comprehensive APC Procedures.

Non-therapy outpatient department services are services such as physical therapy, occupational therapy, and speech-language pathology provided during the perioperative period (of a Comprehensive APC (C-APC) procedure) without a certified therapy plan of care. These are not therapy services as described in section 1834(k) of the Act, regardless of whether the services are delivered by therapists or other non-therapist health care workers.

Therapy services are those provided by therapists under a plan of care in accordance with section 1835(a)(2)(C) and section 1835(a)(2)(D) of the Act and are paid for under section 1834(k) of the Act.

Because these services are outpatient department services and not therapy services, the requirement for functional reporting under the regulations at 42 CFR 410.59(a)(4) and 42 CFR 410.60(a)(4) does not apply.

Based on the applicable Medicare payment policy the insurance carrier's denial for lack of modifier is not supported.

2. The requestor states the disputed service is separately payable per applicable status indicator of "A". DWC Rule §134.403 (d) requires system participants to adhere to Medicare payment policy. The applicable Medicare payment policy is found at www.cms.gov, Claims Processing Manual, Section 10.2.4 and states, "*The comprehensive APC payment policy packages payment for adjunctive items, services, and procedures into the most costly primary procedures under the OPPS at the claim level.*"

When non-therapy outpatient department services are included on the same claim as a C-APC procedure (status indicator (SI) = J1) (see 80 FR 70326) or the specific combination of services assigned to the Observation Comprehensive APC 8011 (SI = J2), these services are considered adjunctive to the primary procedure.

Payment for non-therapy outpatient department services is included as a packaged part of the payment for the C-APC procedure."

Based on the above, the disputed code 97161 is packaged into the primary procedure, no separate payment 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.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 19, 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. 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.