TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Zurich American Insurance Co

MFDR Tracking Number
M4-22-2485-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
July 26, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 22, 2021	97750-GP	$482.16	$0.00
January 12, 2022	97110-GP	$330.42	$0.00
January 12, 2022	97112-GP	$128.08	$0.00
	Total	$940.66	$0.00

Requestor's Position

The requestor did not submit a position statement.

Amount in Dispute: $940.66

Respondent's Position

"...we are attaching a copy of the carrier's EOBs dated January 12, 2022 and June 1, 2022 in which the recommended amount of reimbursement was $482.16. ...the carrier issued an EOB on August 10, 2022 that recommended reimbursement of $458.80 plus interest of $2.16. ...It is the carrier's position that no additional monies are owed."

Response submitted by: Flahive, Ogden & Latson

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 §134.203 sets out the payment guidelines for professional services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal. No allowance change
- 95 – Plan procedures not followed

Issues

1. What rule is applicable to reimbursement?

2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement for physical therapy services rendered in January 2022 and a physical performance evaluation in December 2021. The respondent provided evidence of payment on these dates of service. The requestor did not acknowledge these payments on the submitted DWC60. The applicable DWC allowable fee is calculated below.

   The applicable DWC fee guideline for physical therapy is 28 TAC §134.203 (b) (1) which requires the application of Medicare payment policies applicable to professional services.

   The Medicare 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.

   The MPPR policy allows for full payment for the unit or procedure with the highest Practice Expense (PE) payment factor and for subsequent units the Practice Expense (PE) payment factor is reduced by 50 percent.

Review of the submitted medical bill provided indicates that three procedures were billed by the health care provider. To determine the MPPR allowable, the services provided are ranked by their PE expense shown below.

Code	Practice Expense	Allowable	Medicare Policy
97750	0.52	35.06/25.75	First unit full allowable MPPR applies to additional units
97110	0.4	30.51/23.41	First unit full allowable MPPR applies to additional units
97112	0.49	35.48/26.78	First unit full allowable MPPR applies to additional units

The *MPPR Rate File* that contains the payments for 2021/2022 services is found at https://www.cms.gov/Medicare/Billing/TherapyServices/index.html.

- MPPR rates are published by carrier and locality.
- The services were provided in Carrollton, Texas
- The carrier code for Texas is 4412 and the locality code for Carrollton is 11

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR

Applicable 28 TAC 134.203(h) states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount.

Date of Service	Code	Units	Medicare Payment	DWC Conversion Factor divided by Medicare Conversion Factor for 2021 61.17.34,7831 Conversion Factor for 2022 62.46/34.6062	Billed Amount	Lesser of MAR and billed amount
December 22, 2021	97750-GP	8	$35.06 $25.75	$61.46 + $315.99 = $377.45	$482.16	$377.45
January 12, 2022	97110-GP	6	$23.41	$253.51	$330.42	$253.51
January 12, 2022	97112-GP	2	$35.48 $26.78	$64.04 + 48.33 = $112.37	$128.08	$112.37
					Total	$743.33

2. The total allowable DWC fee guideline reimbursement is $743.33. The insurance carrier provided evidence of a payment of $940.66. No additional 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	December 21, 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 electronico CompConnection@tdi.texas.gov.