

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
BENTZ PHYSICAL THERAPY

Respondent Name
Tarrant County

MFDR Tracking Number
M4-22-2681-01

Carrier's Austin Representative
Box Number 43

DWC Date Received
August 22, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 16, 2022	Code 97110	\$217.80	\$179.06
May 18, 2022	Code 97110	\$217.80	\$179.06
May 23, 2022	Code 97110	\$217.80	\$179.06
May 25, 2022	Code 97110	\$217.80	\$179.06
May 31, 2022	Code 97110	\$217.80	\$179.06
June 2, 2022	Code 97110	\$217.80	\$179.06
June 6, 2022	Code 97110	\$217.80	\$179.06
June 8, 2022	Code 97110	\$217.80	\$179.06
Total		\$1,742.40	\$1,432.48

Requestor's Position

"Have not received anything for the above 8 visits so sent an email to adjustor Alyssa, asking for an update to make sure they were all received or not, 7.15.22 AB..."

Amount in Dispute: \$1,742.40

Respondent's Position

Insurance did not respond to the DWC-60 request in dispute.

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 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.

Denial Reasons

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

- The requestor did not provide any explanation of benefits

Issues

1. Did the insurance carrier respond to the DWC-060 request in dispute?
2. Is Requestor entitled to additional reimbursement?

Findings

1. The Austin carrier representative for JI Specialty Services is Tarrant County. Tarrant County was notified of this medical fee dispute on August 30, 2022. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).
2. The requestor is seeking reimbursement for date of service May 16, 2022; May 18; 2022; May 23, 2022; May 25, 2022; May 31, 2022; June 2, 2022; June 6, 2022 and June 8, 2022 for code in dispute of 97110. The requestor did not submit any explanation of benefits with request.
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 bills provided indicates that four units were billed by the health care provider for each of the dates in dispute. Because the MPPR applies to multiple units of the same code, the first unit of 97110 will be reimbursed at the full amount and each additional unit of 97110 will be at the reduced amount. The *MPPR Rate File* that contains the payments for 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 Fort Worth, TX.
- The carrier code for Texas is 4412 and the locality code for Fort Worth is 28.
- The first unit of 97110 has a Medicare payment rate of \$29.97
- Each additional unit for 97110 has a Medicare reduced payment rate of \$23.08

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

$$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$$

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	Maximum allowable reimbursement	Billed Amount	Lesser of MAR and billed amount
May 16, 2022	97110-GP	1	\$29.97	\$54.09	\$217.80	\$54.09
May 16, 2022	97110-GP	3	\$23.08	\$124.97		\$124.97
May 18, 2022	97110-GP	1	\$29.97	\$54.09	\$217.80	\$54.09
May 18, 2022	97110-GP	3	\$23.08	\$124.97		\$124.97
May 23, 2022	97110-GP	1	\$29.87	\$54.09	\$217.80	\$54.09
May 23, 2022	97110-GP	3	\$23.08	\$124.97		\$124.97
May 25, 2022	97110-GP	1	\$29.97	\$54.09	\$217.80	\$54.09

May 25, 2022	97110-GP	3	\$23.08	\$124.97		\$124.97
May 31, 2022	97110-GP	1	\$29.97	\$54.09	\$217.80	\$54.09
May 31, 2022	97110-GP	3	\$23.08	\$124.97		\$124.97
June 2, 2022	97110-GP	1	\$29.97	\$54.09	\$217.80	\$54.09
June 2, 2022	97110-GP	3	\$23.08	\$124.97		\$124.97
June 6, 2022	97110-GP	1	\$29.97	\$54.09	\$217.80	\$54.09
June 6, 2022	97110-GP	3	\$23.08	\$124.97		\$124.97
June 8, 2022	97110-GP	1	\$29.97	\$54.09	\$217.80	\$54.09
June 8, 2022	97110-GP	3	\$23.08	\$124.97		\$124.97
					Total	\$1,432.48

The total allowable DWC fee guideline reimbursement is \$1,432.48. The insurance carrier paid \$0.00. Reimbursement of \$1,432.48 is recommended.

Conclusion

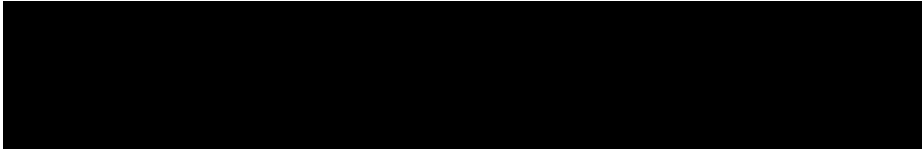
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has established that additional reimbursement of \$1,432.48 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Tarrant County must remit to BENTZ PHYSICAL THERAPY \$1,432.48 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



March 31, 2023

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.