



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Gulf Coast Functional Testing

**Respondent Name**

Union Tank Car Co

**MFDR Tracking Number**

M4-22-2684-01

**Carrier's Austin Representative**

Box Number 48

**DWC Date Received**

August 22, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 28, 2022	97750 FC GP	\$525.00	\$344.57
<b>Total</b>		\$525.00	\$344.57

### Requestor's Position

"The treating doctor recommended the services. We provided the carrier with the authorization/date extension prior authorization letters. We fee that our facility should be paid according to the workers compensation fee schedule guidelines."

**Amount in Dispute:** \$525.00

### Respondent's Position

"...we have escalated the bills in question for manual review to determine if additional monies are owed. 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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. 28 TAC §134.225 sets the reimbursement guidelines for functional capacity evaluations.

## Denial Reasons

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

- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- Service exceeds maximum reimbursement guidelines

## Issues

1. Is the insurance carrier's denial supported?
2. What rule is applicable to reimbursement of FCE?
3. Is the requestor entitled to reimbursement?

## Findings

1. The requestor is seeking medical fee dispute resolution for CPT code 97750-FC-GP (X7) rendered on April 28, 2022, in the amount of \$525.00

According to the explanation of benefits, the carrier denied the service stating the service exceeded the maximum reimbursement guidelines.

FCEs shall be reimbursed in accordance with §134.22 that states in pertinent part, reimbursement shall be for up to a maximum of four hours for the initial test or for a division ordered test; a maximum of two hours for an interim test; and a maximum of three hours for the discharge test, unless it is the initial test. Documentation is required.

Review of the submitted medical bill found the description of the disputed code 97750 - Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes.

The medical bill shows the number of units was seven or one hour and forty-five minutes.

Insufficient evidence was found to support the guidelines were exceeded.

- The fee guideline for FCEs is found at 28 TAC §134.225 and states in pertinent part, FCEs shall be reimbursed in accordance with §134.203(c)(1).

DWC Rule 28 TAC §134.203(c)(1) states in pertinent part, 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 conversion factor of applicable date of service.

The applicable DWC fee guideline for physical therapy is 28 TAC §134.203 (b) (1) 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.

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 Houston, Texas.
- The carrier code for Texas is 4412 and the locality code for Houston is 18.

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.

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

Date of Service	Code	Units	Medicare Payment	DWC Conversion Factor divided by Medicare Conversion Factor or $62.46 \div 34.6062 = 1.80$	Billed Amount	Lesser of MAR and billed amount
April 28, 2022	97750	7	35.21/ 25.95	$\$63.55 + \$281.02 =$ $\$344.57$	\$525.00	\$344.57

3. The total allowable DWC fee guideline reimbursement is \$344.57. This amount is due to the requestor.

### 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 established that additional reimbursement 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 respondent must remit to requestor \$344.57 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

_____	_____	December 21, 2022
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](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).