

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

BENTZ PHYSICAL THERAPY

Respondent Name

KELLER ISD

MFDR Tracking Number

M4-22-2700-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

August 24, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 14, 2022	Code 97110	\$163.35	\$137.40
January 14, 2022	Code 97140	\$50.43	\$38.84
January 18, 2022	Code 97110	\$163.35	\$137.40
January 18, 2022	Code 97140	\$50.43	\$38.84
January 20, 2022	Code 97110	\$163.35	\$137.40
January 20, 2022	Code 97140	\$50.43	\$38.84
January 25, 2022	Code 97110	\$163.35	\$137.40
January 25, 2022	Code 97140	\$50.43	\$38.84
January 27, 2022	Code 97110	\$163.35	\$137.40
January 27, 2022	Code 97140	\$50.43	\$38.84
TOTAL		\$1,068.90	\$881.20

Requestor's Position

"We have not received any correspondence from Sedgwick with regards to payment for the following 5 DOS: 1/14/22, 1/18/22, 1/20/22 & 1/27/22. I was going to forward them to Sedgwick Bill Review and the adjuster Norma again; however, the report I received from Jennifer @ Homelink shows all 5 of these dates listed as having been sent to them for processing with no payment made to us..."

Amount in Dispute: \$1,068.90

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 TAC §134.203 sets out the 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 the Requestor entitled to additional reimbursement?

Findings

1. The Austin carrier representative for JI Specialty Services is Keller ISD. Keller ISD 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 in dispute is seeking reimbursement for dates of service January 14, 2022 to January 27, 2022 for service codes in dispute 97110 and 97140. Requestor in dispute did not receive any explanation of benefits from the insurance carrier.

The Division rule applicable to the disputed services is found in 28 TAC §134.203 in the

following section:

(b) 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.

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 two procedures were billed by the health care provider. In order to determine the MPPR allowable, the services provided are ranked by their PE expense shown below

Code	Practice Expense	Allowed Amount
97110	0.40	\$29.97/ \$23.08
97140	0.35	\$27.54 / \$21.52

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.
- 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. As shown above this service has a PE of 0.40. The highest rate for dates of service will be paid at full rate
- Each additional unit (2) for 97110 has a Medicare payment reduced rate of \$23.08
- 97140 has one unit billed for dates of service. As seen above the service has a PE of 0.35 not the highest for this date and will be paid at the reduced amount of \$21.52

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	Maximum allowable reimbursement	Billed Amount	Lesser of MAR and billed amount
January 14, 2022	97110-GP	1	\$29.97	\$54.09	163.35	\$54.09
January 14, 2022	97110-GP	2	\$23.08	\$83.31		\$83.31
January 14, 2022	97140-GP	1	\$21.52	\$38.84	\$50.43	\$38.84
January 18, 2022	97110-GP	1	\$29.97	\$54.09	\$163.35	\$54.09
January 18, 2022	97110-GP	2	\$23.08	\$83.31		\$83.31
January 18, 2022	97140	1	\$21.52	\$38.84	\$50.43	\$38.84
January 20, 2022	97110-GP	1	\$29.97	\$54.09	\$163.35	\$54.09
January 20, 2022	97110-GP	2	\$23.08	\$83.31		\$83.31
January 20, 2022	97140-GP	1	\$21.52	\$38.84	\$50.43	\$38.84
January 25, 2022	97110-GP	1	\$29.97	\$54.09	\$163.35	\$54.09
January 25, 2022	97110-GP	2	\$23.08	\$83.31		\$83.31
January 25, 2022	97140-GP	1	\$21.52	\$38.84	\$50.43	\$38.84
January 27, 2022	97110-GP	1	\$29.97	\$54.09	\$163.35	\$54.09
January 27, 2022	97110-GP	2	\$23.08	\$83.31		\$83.31

January 27, 2022	97140-GP	1	\$21.52	\$38.84	\$50.43	\$38.84
					Total	\$881.20

The total allowable DWC fee guideline reimbursement is \$881.20. The insurance carrier paid \$0.00. Therefore, reimbursement of \$881.20 is recommended.

Conclusion

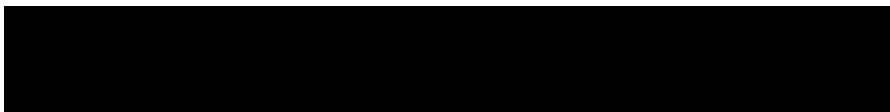
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$881.20 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 KELLER ISD must remit to BENTZ PHYSICAL THERAPY \$881.20 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



Signature

Medical Fee Dispute Resolution
Officer

March 31, 2023
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.