

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**  
BENTZ PHYSICAL THERAPY

**Respondent Name**  
TARRANT COUNTY

**MFDR Tracking Number**  
M4-23-0111-01

**Carrier's Austin Representative**  
Box Number 43

**DWC Date Received**  
September 12, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 14, 2022	97110	\$217.80	\$179.06
June 22, 2022	97110	\$217.80	\$179.06
June 27, 2022	97110	\$217.80	\$179.06
June 30, 2022	97110	\$217.80	\$179.06
<b>Total</b>		<b>\$871.20</b>	<b>\$716.24</b>

### Requestor's Position

"Have not heard back from Homelink but was able to locate the 4 bills (6/14, 6/22, 6/27 & 6/30/22) on the pending bills that...sent me back on 7/29/22. That being said, I know they have been received and have just not paid for some reason. I am going to forward these 4 dates to DWC @ TDI as a Medical Fee Dispute since they are over 60 days outstanding and go from there."

**Amount in Dispute:** \$871.20

### Respondent's Position

No carrier response received.

### 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 Texas Administrative Code §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

No explanation of benefits received by either party.

## Issues

1. Did the insurance carrier respond to the DWC-060 request in dispute?
2. What are the applicable rules for the services in dispute?
3. Is the Requestor entitled to additional reimbursement?

## Findings

1. The Austin carrier representative for Tarrant County is JI Specialty Services. JI Specialty Services was notified of this medical fee dispute on September 20, 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 in the amount of \$871.20 for CPT Code 97110 for dates of service June 14, 2022; June 22, 2022; June 27, 2022 and June 30, 2022.

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 code 97110 was billed with four units for each date in dispute. Per the MPPR policy the first unit will be reimbursed at the full payment and subsequent units will have the PE payment factor 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 Fort Worth, TX.
- The carrier code for Texas is 4412 and the locality code for Fort Worth is 28.
- The first unit for Code 97110 has a full payment with the highest practice expense rate of \$29.97
- Each additional unit for Code 97110 has a reduced rate of \$23.08
- The DWC Conversion Factor is 62.46
- The Medicare Conversion Factor is 34.6062

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
June 14, 2022	97110 -GP	1	\$29.97	\$54.09	\$217.80	\$54.09
June 14, 2022	97110 -GP	3	\$23.08	\$124.97		\$124.97
June 22, 2022	97110 -GP	1	\$29.97	\$54.09	\$217.80	\$54.09
June 22, 2022	97110 -GP	3	\$23.08	\$124.97		\$124.97
June 27, 2022	97110 -GP	1	\$29.97	\$54.09	\$217.80	\$54.09
June 27, 2022	97110 - GP	3	\$23.08	\$124.97		\$124.97
June 30, 2022	97110 - GP	1	\$29.97	\$54.09	\$217.80	\$54.09

June 30, 2022	97110 - GP	3	\$23.08	\$124.97		\$124.97
					Total	\$716.24

3. The total allowable DWC fee guideline reimbursement is \$716.24. The insurance carrier paid \$0.00. Reimbursement in the amount of \$716.24 is recommended.

Conclusion

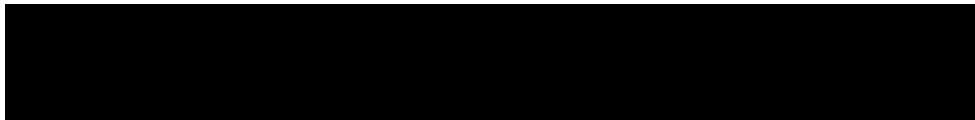
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$716.24 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 \$716.24 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**



April 6, 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](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).