

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

ZURICH AMERICAN INSURANCE CO

MFDR Tracking Number

M4-23-0346-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 12, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 6, 2022	Code 97110-GP	\$76.92	\$108.34
	Code 97112-GP	\$31.42	
Total		\$108.34	\$108.34

Requestor's Position

"The above dates of service were denied FULL payment based on "WORKERS COMPENSATION JURISDICTIONAL FEE ADJUSTMENT". This is INCORRECT.

We requested authorization for CPT codes 97110 and 97112 before scheduling treatment. The units are for 6 units of 97110 and 2 units for 97112. Please note you approved these 12 sessions of physical therapy PREAUTH #5081635."

Amount in Dispute: \$108.34

Respondent's Position

Respondent did not respond to the DWC-060 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 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- P12 – Workers compensation jurisdictional fee schedule adjustment
- 5853 – The amount paid reflects a fee schedule reflection

Issues

1. Did the respondent respond to the DWC-060 request?
2. Is the Requestor entitled to reimbursement?

Findings

1. The Austin carrier representative for Zurich American Insurance is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on October 18, 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. DWC Rule 28 TAC §134.203 (b)(1) states “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 three 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	\$30.51/23.41
97112	0.49	\$35.48/26.78

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 Dallas, Texas
- The carrier code for Texas is 4412 and the locality code is 11

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

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

Applicable 28 TAC §134.203 (h) states reimbursement shall be the least of the:

(1) MAR amount;

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
January 6, 2022	97110-GP	6	\$23.41	\$253.51	\$330.42	\$253.51
January 6, 2022	97112-GP	1	\$35.48	\$64.04	\$128.08	\$64.04
January 6, 2022	97112-GP	1	\$26.78	\$48.33		\$48.33
Total						\$365.88

3. Review of the submitted documentation finds the carrier made a payment in the amount of \$189.00. The requestor is seeking reimbursement in the amount of \$108.34. Therefore, this amount 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.

The DWC finds the requestor has established that reimbursement of \$108.34 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$108.34 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature


 February 10, 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.