

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
PEAK INTEGRATED
HEALTHCARE

Respondent Name
INDEMNITY INSURANCE CO OF NORTH

MFDR Tracking Number
M4-23-0384-01

Carrier's Austin Representative
Box Number 15

DWC Date Received
October 13, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 19, 2022	Code 97116-GP	\$165.21	\$126.75

Requestor's Position

"The above dates of service were denied payment due to WORKERS COMPENSATION JURISDICTIONAL FEE ADJUSTMENT." This is incorrect. Therefore we argue that these dates of service should be paid in full."

Amount in Dispute: \$343.40

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for bill review audit and payment.

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 guideline for professional medical services.

Denial Reasons

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

- 90563 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 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
- 309 – The charge for this procedure exceeds the fee schedule allowance

Issues

1. What is the definition of CPT Code 97116-GP?
2. Does the MPPR apply to CPT Codes 97116-GP?
3. Is the Requestor entitled to reimbursement?

Findings

1. CPT Code 97116 is defined as, "Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)."

The DWC finds that the requestor rendered the services as billed, as a result, the disputed CPT codes are reviewed pursuant to the applicable rules and guidelines

2. The fee guidelines for disputed services are found at 28 TAC §134.203.

28 TAC §134.203(a)(5) states, "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.

The requestor appended the "GP" modifier to the code. The "GP" modifier is described as "Services delivered under an outpatient physical therapy plan of care."

Medicare Claims Processing Manual Chapter 5, 10.7-effective June 6, 2016, titled Multiple Procedure Payment Reductions (MPPR) for Outpatient Rehabilitation Services, states:

Full payment is made for the unit or procedure with the highest PE payment.

For subsequent units and procedures with dates of service prior to April 1, 2013, furnished to the same patient on the same day, full payment is made for work and malpractice and 80 percent payment is made for the PE for services submitted on professional claims (any claim submitted using the ASC X12 837 professional claim format or the CMS-1500 paper claim form) and 75 percent payment is made for the PE for services submitted on institutional claims (ASC X12 837 institutional claim format or Form CMS-1450).

For subsequent units and procedures with dates of service on or after April 1, 2013, furnished to the same patient on the same day, full payment is made for work and malpractice and 50 percent payment is made for the PE for services submitted on either professional or institutional claims.

To determine which services will receive the MPPR, contractors shall rank services according to the applicable PE relative value units (RVU) and price the service with the highest PE RVU at 100% and apply the appropriate MPPR to the remaining services.

When the highest PE RVU applies to more than one of the identified services, contractors shall additionally sort and rank these services according to highest total fee schedule amount, and price the service with the highest total fee schedule amount at 100% and apply the appropriate MPPR to the remaining services.

Review of the Medicare policies finds that the 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. Medicare publishes a list of the codes subject to MPPR annually.

For 2022 the codes subject to MPPR are found in CMS 1693F the CY 2022 PFS Final Rule Multiple Procedure Payment Reduction Files.

Review of that list finds that the first unit of CPT Code 97116-GP will be reimbursed at the full amount and the subsequent three units will subject to the MPPR.

28 TAC §134.203 states in pertinent part, "(c) 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 \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

The MPPR Rate File that contains the payments for 2022 services is found at <https://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

The MPPR rates are published by carrier and locality.

Code	Short Descriptor	Fee Amount	50% Reduction	Practice Expense RVUs	# of units billed	# of units subject to the MPPR
97116	Therapeutic procedure	\$30.51	\$23.41	0.4	4	3 unit

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The disputed services were rendered in 2022.
- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the services were rendered in zip code 75211; therefore, the Medicare locality is "Dallas."
- Using the above formula, the MAR for the first unit of 97116 is \$55.07 and \$42.25 for the subsequent three units as indicated below:

Date of Service	CPT Code	# Units	MAR	Insurance Carrier Paid	Amount in Dispute	Amount Recommended
5/19/22	97116	1	\$55.07	\$55.07	\$165.21	\$126.75
	97116	3	\$126.75			
Totals		4	\$181.82	\$55.07	\$165.21	\$126.75

The DWC finds that the total MAR for the disputed four units of 97116 is \$181.82 and the respondent paid a total of \$55.07. Therefore, \$126.75 which is the difference between the MAR and the amount previously paid by the respondent is recommended.

3. DWC finds that reimbursement is due to the reasons indicated above, the requestor is entitled to a total reimbursement amount of \$126.75. 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.

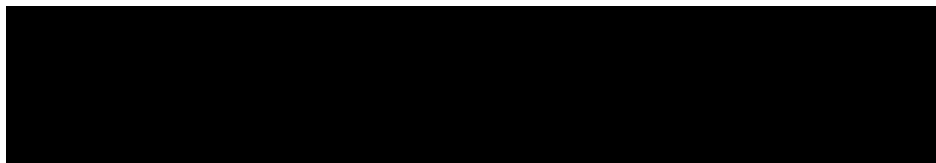
DWC finds the requestor has established that additional reimbursement 126.75 is due.

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 the Respondent must

remit to the Requestor \$126.75 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



December 14, 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. 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.