

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

America First Lloyds Insurance Co

MFDR Tracking Number

M4-23-0508-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

October 26, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 11, 2022	99213	\$167.22	\$0.00
July 11, 2022	99080-73	\$15.00	\$0.00
July 11, 2022	97110-GP	\$330.42	\$0.00
July 11, 2022	97112-GP	\$128.08	\$0.00
June 27, 2022	99361-WP	\$113.00	\$0.00
Total		\$753.72	\$0.00

Requestor's Position

The requestor did not submit a position statement but submit a copy of their reconsideration that states in pertinent part, "the claims should be paid in full to prevent IRO and MFDR. I have attached all necessary documentation."

Amount in Dispute \$753.72

Respondent's Position

"The bill has been reviewed and adjusted for payment – copies of EOBs are submitted for your review."

Response submitted by: Liberty Mutual

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 §133.07 sets out the procedures for medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. 28 Texas Administrative Code §134.204 sets out the reimbursement guidelines for workers' compensation specific fee guidelines.
4. 28 Texas Administrative Code §129.5 sets out the fee guidelines for work status reports.

Denial Reasons

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

- 197 – Payment denied/reduce for absence of precertification
- 5917 – Pre-authorization was required, but not requested for this service per DWC Rule 134.600

Issues

1. What rule(s) is applicable to reimbursement?

Findings

1. The requestor is seeking additional reimbursement for professional medical services rendered in June and July 2022. The carrier made a payment after the request for MFDR was received but the requestor wanted to continue with their request for MFDR. The disputed services will be reviewed per the applicable fee guidelines.

The applicable DWC fee guideline for professional services billed as code 99213, 99080-73, and 99361 –W1 are as follows.

DWC Rule 134.204 (4) (A)(i) states in pertinent part CPT Code 99361, reimbursement for the treating doctor shall be \$113. The explanation of benefits dated November 4, 2022 indicates \$113.00 paid. No additional reimbursement is recommended.

DWC Rule 129.5 (j) states in pertinent part, the amount of reimbursement shall be \$15.00. The explanation of benefits dated November 4, 2022, indicates the insurance carrier paid \$15. No additional payment is recommended.

DWC Rule 134.203 (c) (1) states in pertinent part to determine the MAR for professional services, system participants shall apply Medicare payment policies with minimal modifications. For evaluation and management and physical medicine the established conversion factor to be applied is annual DWC and Medicare conversion factors.

Code 99213 has a Medicare allowable of \$92.65. The DWC maximum allowable reimbursement is calculated by dividing the DWC conversion factor by the Medicare conversion factor then multiplying this amount by the Medicare allowable or $62.46/34.6062 \times \$92.65 = \167.22 . The insurance carrier paid \$167.22. No additional payment is recommended.

Physical therapy codes 97110 and 97112 applicable fee guideline 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 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	Medicare Policy
97110	0.4	30.51/23.41	No MPPR reduction 1 st unit allow others paid at 50%
97112	0.49	35.48/26.78	MPPR applies

The *MPPR Rate File* that contains the payments for 2019 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 for Dallas is 11.

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	DWC Conversion Factor divided by Medicare Conversion Factor or 62.46 ÷ 34.6062 multiplied by physician fee schedule	Billed Amount	Lesser of MAR and billed amount
June 11, 2022	97110	1 5	30.51 23.41	\$55.07 \$211.26	\$330.42	\$266.33
June 11 2022	97112	2	\$26.78	\$96.67	\$128.08	\$96.67
Total						\$363.00

The total allowable DWC fee guideline reimbursement is \$363.00. The insurance carrier paid \$365,87. No additional payment 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 not established that additional reimbursement is due.

ORDER

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 10, 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.

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