

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Accident Fund General Insurance Co

MFDR Tracking Number

M4-23-0522-01

Carrier's Austin Representative

Box Number 6

DWC Date Received

October 27, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 18, 2022	97750-GP	\$502.08	\$0.00
June 27, 2022	99361-W1	\$113.00	\$0.00
July 1, 2022	99080-73	\$0.00	\$0.00
July 1, 2022	99213	\$0.00	\$0.00
Total		\$615.08	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR but did submit a copy of their reconsideration that states, "The above dates of service have been returned due to reason the appropriate modifier was not utilized. This is incorrect we have received no payment. The correct modifier for a physical performance evaluation is GP."

Amount in Dispute: \$615.08

Respondent's Position

The following dates of service have been reprocessed for payment. 4/18/22 97750-GP charge amount \$502.08 amount paid per fee schedule \$385.46 processed 11/03/22 check number

102588763. 6/27/22 99361-W1 charged amount \$113.00 to be paid per fee schedule \$28.00 check processing 11/04/2022."

Response submitted by: United Heartland

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 reimbursement guidelines for physical performance tests.
3. 28 TAC §134.204 sets out the reimbursement guidelines for case management reports.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing
- 10 – The billed service requires the use of a modifier code
- B13 – The provider has billed for the exact services on a previous bill
- P12 – Texas Workers' compensation jurisdictional fee schedule adjustment

Issues

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

Findings

1. The requestor is seeking reimbursement for physical performance test (code 97750-GP) and case management report (99361-W1). The insurance carrier made payment but the requestor continued with their request for MFDR. The applicable fee guideline calculation is shown below.

DWC Rule 134.203 is the applicable rule related to Code 97750 – (Physical performance test or TAC Rule 134.203 (b) (1) states in pertinent parts for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply 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 medical bill indicates eight units were submitted for Code 97750. The first unit is paid at 100% of the Physician Fee Schedule for Dallas, Texas in the amount of \$37.44. The second thru eighth unit will be paid at the reduced amount of \$25.54.

The MAR is calculated per TAC Rule 134.203 (c)(1) which states in pertinent part, for service categories of Evaluation & Management, General Medicine, Physical Medicine when performed in an office setting, the conversion factor for the date of service in dispute is used or DWC Conversion Factor/Medicare Conversion Factor multiplied by physician fee schedule allowable or

- $62.46/34.6062 \times 34.77 = \62.72
- $62.46/34.6062 \times 25.54 \times 7 = \322.68
- Total allowable = \$385.40
- Insurance carrier paid \$385.46 via check number 102588763. No additional payment recommended.

DWC RULE §134.204, (4)(A) (ii) states in pertinent part, case management services require the treating doctor to submit documentation that identifies any HCP that contributes to the case management activity. Case management services shall be billed and reimbursed as follows:

(A) CPT Code 99361.

(i) Reimbursement to the treating doctor shall be \$113. Modifier "W1" shall be added.

(ii) Reimbursement to the referral HCP shall be \$28 when a HCP contributes to the case management activity.

Review of the submitted "Team Conference" dated June 27, 2022 found insufficient evidence to support the treating doctor contributed to the team conference. No additional reimbursement 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 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 23, 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.