



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Ace American Insurance Co.

MFDR Tracking Number

M4-23-1557-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

March 3, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
12/22/2022	97110-GP	\$346.86	\$0.00
12/22/2022	97112-GP	\$132.76	\$0.00
10/25/2022	L3908	\$72.79	\$0.00
10/25/2022	E0730-RR	\$162.55	\$0.00
Total		\$714.96	\$0.00

Requestor's Position

"The dx codes we have been treating are compensable per the PLN11 on file. Therefore, this should be paid as other claims.... The above dates of service have been returned due to reason: 'The appropriate modifier was not utilized.' This is incorrect. There is NO modifier for L3908 is Therefore the appropriate modifier was used..."

Amount in Dispute: \$714.96

Respondent's Position

"This medical dispute concerns services provided by Peak Integrated Healthcare associated with dates of service 10-25-22/12-22-22. Attached is a copy of the PLN 11 disputing the extent of injury that has been filed with the DWC as well as a copy of the peer review report supporting our position that the treatment is not related to the accepted compensable injury."

Response Submitted by: ESIS

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 §28 TAC §133.305 sets out the general medical fee dispute resolution guidelines.
3. 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:

DOS: 10/25/22

- 1- Charge exceeds Fee Schedule allowance
- 2- New, used, or rental identifying modifier required.
- 3- Rental
- 4- The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 5- P12 -Workers' compensation jurisdictional fee schedule adjustment.
- 6- A technical Bill Review has been performed.

DOS: 12/22/22

- 1-133 – The disposition of this service line is pending further review.
- 2 – Disputed claim.
- 4 – The appropriate modifier was not utilized.
- 5 – National Correct Coding Initiative edit – either mutually exclusive of or integral to another service performed on same day.
- 8- A technical Bill Review has been performed.

Issues

1. Does the dispute contain unresolved extent of injury issues for CPT codes 97110-GP and 97112-GP rendered on December 22, 2022?
2. Is the Insurance Carrier's denial reason of CPT code L3908 rendered on October 25, 2022, based on missing modifier, supported?
3. Is the Insurance Carrier's reduced payment amount for CPT code E0730-RR, rendered on October 25, 2022, supported?
4. Is the Requestor entitled to additional reimbursement?

Findings

1. Documentation provided by the parties indicates that the insurance carrier denied payment due to an unresolved extent of injury issue for CPT codes 97110-GP and 97112-GP, rendered on December 22, 2022. The carrier's explanation of benefits was timely presented to the requestor in the manner required by 28 TAC §133.240.

28 TAC §133.305(b) states that if a dispute regarding extent of injury exists for the same service for which there is a medical fee dispute, the dispute regarding extent of injury shall be resolved prior to the submission of a medical fee dispute.

The services in dispute, 97110-GP, and 97112-GP, contain an unresolved extent of injury issue. For that reason, CPT codes 97110-GP and 97112-GP rendered on December 22, 2022, are not eligible for adjudication of a medical fee under 28 TAC §133.307.

2. The insurance Carrier denied CPT code L3908 rendered on October 25, 2022, for reason:
1-New, used, or rental identifying modifier required (444).

The CPT code L3908 defined as "Wrist-hand orthosis (WHO), wrist extension control cock-up, non-molded, prefabricated, off-the-shelf", describes Durable Medical Equipment (DME).

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."

Medicare Claims Processing Manual Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), section 130.9 states in pertinent part: "Claims must specify whether equipment is rented or purchased. For purchased equipment, the itemized bill or claim must also indicate whether equipment is new or used..." Section 130.9 then goes on to list appropriate modifiers for DMEPOS claims.

The division finds that the insurance carrier's denial of L3908 for reason of missing modifier is supported.

3. Requestor is seeking additional reimbursement of \$162.55 for CPT code E0730-RR rendered on October 25, 2022. Documentation submitted indicates this charge was for one unit of a 30-day Transcutaneous Electrical Nerve Stimulator (TENS) rental.

CMS Regulations and Guidance Manuals states in pertinent part: "30.1.2 - Transcutaneous Electrical Nerve Stimulator (TENS) (Rev. 2605, Issued: 11-30-12, Effective: 06-08-12, Implementation: 01-07-13) In order to permit an attending physician time to determine whether the purchase of a TENS is medically appropriate for a particular patient, MACs pay 10 percent of the purchase price of the item for each of 2 months...."

28 TAC 134.203 in pertinent part states, "(d) The MAR for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L shall be determined as follows:

(1) 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule..."

The submitted documentation indicates that the insurance carrier paid \$29.68 for code E0730-RR for service rendered October 25, 2022.

As calculations below demonstrate, the division finds that a reduced payment for the E0730-RR service code rendered on October 25, 2022, is supported.

4. The place of service for CPT code E0730-RR rendered by requestor on October 25, 2022, was in the Dallas, Texas locality, zip code 75211. The October 2022 CMS DMEPOS Fee Schedule for nonrural Texas finds the purchase price for one unit of E0730 to be \$153.82.

To determine reimbursement, per CMS Regulations and Guidance Manual and 28 TAC 134.203, quoted above, the following formula is used:

- CMS DMEPOS Fee Schedule purchase price X 10% for 30-day rental X 125% = MAR
- Therefore, the calculation is: $\$153.82 \times .10 = \$15.38 \times 1.25 = \$19.23$ MAR
- The Insurance carrier paid \$29.68.
- The division finds that no additional reimbursement is due.

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.

Disputed services 97110-GP and 97112-GP rendered on December 22, 2022, are hereby dismissed in accordance with 28 TAC §133.307(f)(3)(c).

The division finds that additional reimbursement of \$0.00 is due for disputed services L3908 and E0730-RR rendered on October 25, 2022, in accordance with 28 TAC §134.203.

Order

Under Texas Labor Code §§413.031 and 413.019, the division has determined the requestor is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 24, 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.