



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Starr Indemnity & Liability Co.

MFDR Tracking Number

M4-23-1762-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 20, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
12/08/2022	99213	\$167.22	\$167.22
12/08/2022	97110-GP	\$330.42	\$253.51
12/08/2022	97112-GP	\$128.08	\$112.37
12/08/2022	99080-73	\$0.00	\$0.00
Total		\$625.72	\$533.10

Requestor's Position

"This has only been paid partially, the \$15.00, and we have received no other payment for this date of service. This should be paid in full..."

Amount in Dispute: \$625.72

Respondent's Position

"After review, the charges were already processed and payment was issued. Date of Service 12/08/2022, billed Charge \$640.72. Please see the details below for the bill in question..."

•Allowed amount-\$533.09 •Payment Date - 01/04/2023 •Payment Status-Cleared... Adjusted for reconsideration... •Allowed amount \$640.72 •Payment Date - 02/23/2023 •Payment Status-Cleared."

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.

Insurance Carrier (IC) Adjustment Reasons

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

- 90950 – This bill is a reconsideration of a previously reviewed bill, allowance amounts reflect any changes to the previous payment.
- 119 – Benefit maximum for this time period or occurrence has been reached.
- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules.
- 5406 – CV: Reconsideration, additional allowance recommended. This bill and submitted documentation have been reevaluated by clinical validation.
- B13 – Previously paid, payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for this service.

Issues

1. Which disputed services have been previously paid?
2. Is the requestor entitled to reimbursement for CPT Code 99213?
3. Is the requester entitled to reimbursement for CPT Codes 97110-GP and 97112-GP?

Findings

1. Submitted documentation includes two explanations of benefits (EOB) in connection with the disputed date of services and one copy of a check, number 0186105182, in the amount of \$15.00 paid from IC to requester for reimbursement of service code 99080-73, a Work Status Report.

In its position statement, the respondent references other payments made for disputed date of services. However, review of all submitted documents finds no EOB nor copies of checks to support said payments. Review of all submitted documentation from both parties finds no documentation in support of payments, in any amount, for the reimbursement of disputed services CPT codes 99213, 97110-GP or 97112-GP, rendered on December 8, 2022.

The division finds that the only disputed service supported as previously paid is 99080-73 in the amount of \$15.00.

2. The requestor seeks reimbursement in the amount of \$167.22 for CPT Code 99213 rendered on December 8, 2022. CPT code 99213 is defined as "Office or other outpatient visit for the evaluation

and management of an established patient, which requires a medically appropriate history and/or examination and a low level of medical decision making (MDM). When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.”

The division finds that 28 TAC §134.203 applies to reimbursement of disputed service CPT code 99213. 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.”

28 TAC §134.203 further states in pertinent part, “(c) To determine the maximum allowable reimbursement (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...”

To determine the MAR the following formula is used:

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

Dates of service were rendered in 2022:

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- The disputed service was rendered in zip code 75211; carrier 04412, locality 11.
- The Medicare Participating amount for CPT code 99213 at this locality is \$92.65.
- Using the above formula, the division finds the MAR is \$167.22.
- The respondent paid \$0.00.
- The requestor is due \$167.22 for CPT code 99213 rendered on December 8, 2022.

The division finds the requester is entitled to \$167.22 reimbursement for CPT code 99213 rendered on disputed date of service.

3. The requester seeks reimbursement in the amount of \$330.42 for 6 units of 97110-GP and \$128.08 for 2 units of 97112-GP.

CPT Code 97110 is described as “Therapy procedure using exercise to develop strength, endurance, range of motion and flexibility, *each 15 minutes.*”

CPT code 97112 is described as “Therapeutic procedure, 1 or more areas, *each 15 minutes*; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.”

Per 28 TAC §134.203 (b)(1), parties are required to apply Medicare payment policies, including its coding, billing, correct coding initiatives (CCI) edits, modifiers, and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules to workers' compensation coding, billing, reporting, and reimbursement of professional medical services.

Per [Medicare Claims Processing Manual \(cms.gov\)](#), Chapter 5, 10.7, effective February 6, 2019:

Medicare applies a multiple procedure payment reduction (MPPR) to the practice expense (PE) payment of select therapy services. The reduction applies to the HCPCS codes contained on the list of "always therapy" services ... Many therapy services are time-based codes, i.e., multiple units may be billed for a single procedure ... Full payment is made for the unit or procedure with the highest PE payment ... 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.

The division finds that the MPPR rule applies to CPT codes 97110 and 97112.

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

To determine the maximum allowable reimbursement (MAR) the following formula is used:
(DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

- The disputed date of services is December 8, 2022.
- MPPR rates are published by carrier and locality.
- The disputed services were rendered in zip code 75211, carrier 04412, locality 11.

- The Medicare participating amount for CPT code 97110 in 2022, at this locality is \$30.51 for the first unit, and \$23.41 for subsequent units.
- The Medicare participating amount for CPT code 97112 in 2022, at this locality is \$35.48 for the first unit, and \$26.78 for subsequent units.
- CPT code 97112, *having the highest PE payment*, will receive full payment for the first unit; subsequent units of both 97112 and 97110 will receive the reduced MPPR rate per unit.

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062

- Using the formula above, MAR for the first unit of 97112-GP is \$64.04; MAR for the second (subsequent) unit of 97112-GP is \$48.33; MAR = \$112.37 for 2 units of 97112-GP.
- Using the formula above, MAR is \$42.25/unit of 97110-GP; MAR = \$253.51 for 6 units of 97110-GP.

- The division finds the total MAR for disputed therapy codes rendered on December 8, 2022, is \$365.88.
- The respondent paid \$0.00.

The division finds that the requester is entitled to reimbursement of \$365.88 for 6 units of 97110-

GP and 2 units of 97112-GP rendered on December 8, 2022.

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 Division finds the requester has established that reimbursement is due.

ORDER

Under Texas Labor Code §§413.031, the Division has determined the requestor is entitled to reimbursement for the disputed services.

It is ordered that Starr Indemnity & Liability Co. must remit to Peak Integrated Healthcare \$533.10 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	<u>June 7, 2023</u>
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.