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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Ace American Insurance Co

MFDR Tracking Number
M4-23-1997-01

Carrier's Austin Representative
Box Number 15

DWC Date Received
April 12, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 27, 2023	97750-GP	$531.04	$394.35
	Total	$531.04	$394.35

Requestor's Position

The requestor did not submit a position statement with this request for MFDR but did submit a copy of their reconsideration statement that states, "This patient deserves treatment for original injury. Please process for payment."

Amount in Dispute: $531.04

Respondent's Position

"Our bill audit company has determined that no further payment is due. The rationale for this determination is found below. Rationale: The provider submitted documentation that supports the billing of an FCE exam and not a PPE exam"

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 Texas Administrative Code §133.307] sets out the guidelines for the resolution of medical fee disputes.

2. [28 Texas Administrative Code §134.203] sets out the reimbursement guidelines for professional medical services.

Denial Reasons

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

- 90403 – Service not furnished directly to the patient and/or not documented
- 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
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is the respondent's position statement supported?

2. Are the insurance carrier's reasons for denial or reduction of payment supported?

3. What is the rule applicable to reimbursement?

4. Is the requestor entitled to additional reimbursement?

Findings

1. The respondent states in their position statement, "The provider submitted documentation that supports the billing of an FCE exam and not a PPE exam.

   DCS Rule 134.203 (b)(1) states in pertinent part, for coding billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system shall apply Medicare payment policies, including its coding; billing…"

Review of the CMS Article A56566, "Billing and Coding Outpatient Physical and Occupational Therapy Services at www.cms.gov states, "*CPT 97750 - Physical Performance Test or Measurement (e.g., musculoskeletal, functional capacity) with written report, each 15 minutes.*

These tests and measurements are beyond the usual evaluation services performed. Examples of physical performance tests or measurements include isokinetic testing, Functional Capacity Evaluation (FCE) and Tinetti. This code may be used for the 6-minute walk test, with a computerized report of the patient's oxygen saturation levels with increasing stress levels, performed under a PT or OT plan of care on pulmonary rehabilitation patients.

The therapy evaluation and re-evaluation codes are for a comprehensive review of the patient including, but not limited to, history, systems review, current clinical findings, establishment of a therapy diagnosis, and estimation of the prognosis and determination and/or revision of further treatment. CPT 97750 is intended to focus on patient performance of a specific activity or group of activities (CPT Assistant, December 2003).

There must be written evidence documenting the problem requiring the test, the specific test performed, and a separate measurement report. This report may include torque curves and other graphic reports with interpretation."

Based on the description of this code, the respondent's position is not supported.

2. The requestor is seeking additional reimbursement for a physical performance test performed in February 2023. The carrier denied the services as not documented, benefit maximum exceeded, and charge exceeds unit value.

   Review of the submitted documentation found a report dated February 27, 2023 that addressed the injured employee's physical abilities to determine if continued post-op therapy is required. The denial of lack of documentation is not supported.

   The denial based on benefit maximum reached and charge exceeds unit value is not supported by applicable Medicare payment policy or applicable DWC TAC Rule §134.203. The disputed charge will be reviewed by applicable DWC fee guideline.

3. The applicable DWC fee guideline for physical therapy is DWC Rule 28 TAC §134.203 (b) (1) which requires the application of Medicare payment policies applicable to professional services. The Medicare Payment Policy applicable to outpatient physical therapy codes is found in the Medicare Claims Processing Manual Chapter 5, Section 10. 7 states in pertinent parts, *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.

   The MPPR Rate File that contains the payments for 2023 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.

DWC 28 TAC §134.203 (c)(1) & (2) states in pertinent parts, (c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. For service categories of Physical Medicine and Rehabilitation, when performed in an office setting, the established conversion factor to be applied is date of service annual conversion factors.

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 following formula represents the calculation of the

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR

- The allowable for the first unit is $33.86.
- 64.83/33.8872 x $33.86 = $64.78
- The allowable for second through eighth unit is $24.61.
- 64.83/33.8872 x $24.61 x 7 = $329.57
- Total MAR = $394.35

4. The total allowable DWC fee guideline reimbursement is $394.35. This amount is recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has established payment 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 Ace American Insurance must remit to Peak Integrated Healthcare $394.35 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		June 12, 2023
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 in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

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