



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
DALLAS DOCTOR'S
PROFESSIONAL

Respondent Name
ZURICH AMERICAN INSURANCE CO

MFDR Tracking Number
M4-23-2177-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
May 4, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 14, 2022	Code 97110	\$328.85	\$151.92
	Code 97140		
	Code 97530		
	Code 99211		
Total		\$328.85	\$151.92

Requestor's Position

"I am sending to MDR due to non-payment from Gallagher Bassett Workers Compensation Insurance. This DOS has been twice due to timely filing. The claim was mailed certified on 9/21/22 and receive on 9/24/22 by insurance carrier."

Amount in Dispute: \$328.85

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed."

Response received 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 (TAC) [§133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code [§134.403](#) sets out the reimbursement guidelines for outpatient hospital services.
3. 28 Texas Administrative Code [§134.203](#) sets out the reimbursement guidelines for professional medical services.
4. 28 Texas Administrative Code [§133.20](#) sets out the medical bill submission by health care providers.

Denial Reasons

- 90096 – The time limit for filing has expired
- 4271 – Per Tx Labor Code Sec 408.027, provider must submit bills to payors within 95 days of the date of service
- 29 – The time limit for filing has expired

Issues

1. Is the insurance carrier's denial supported?
2. What are the applicable rules for the services in dispute?
3. Is the Requestor entitled to additional reimbursement for the disputed services?

Findings

1. The insurance carrier denied the disputed services with denial reasons "90096 – Time limit for filing has expired and 29 – The time limit for filing has expired." Documentation provided supports the health care provider submitted medical bills in accordance with 28 Texas Administrative Code [§133.20\(b\)](#). Therefore, the insurance carrier denials are not supported.
2. The requestor is seeking reimbursement in the amount of \$328.85 for CPT Code 97110, 97140, 97530 and 99211 for date of service September 14, 2022.

To determine the MAR for CPT codes 97110, 97140 and 97530 DWC refers to 28 TAC §134.203 (b) (1)

The applicable DWC fee guideline for physical therapy is 28 TAC §134.203 (b) (1) which requires the application of Medicare payment policies applicable to professional services.

To determine the MAR for CPT code 99211 DWC refers to 28 Texas Administrative Code §134.203 (c)(1)(2).

Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the 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. The following hypothetical example illustrates this annual adjustment activity if the DWC had been using this MEI annual percentage adjustment: The 2006 DWC conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) DWC conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- CPT Code 99211

The 2022 DWC conversion factor is 62.45

The 2019 Medicare conversion factor is 34.6062

The services were rendered in zip code 75220, which is located in Dallas, TX; therefore the Medicare carrier locality is "4412-11"

Medicare participating amount at this locality is \$23.68

Using the above formula, the DWC finds the MAR is \$42.74 or less. The requestor is seeking \$43.24. The respondent paid \$0.00. Per 28 Texas Administrative Code §134.203(h) states: "When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the:

(1) MAR amount;."

As a result, the requestor is due reimbursement in the amount of \$42.74 for CPT code 99211.

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 bills provided indicates that code 97140 was billed with 1 unit, 97110 with 3 units and 97530 with 1 unit for the date of service in dispute. Per the MPPR policy the first unit will be reimbursed at the full payment and subsequent units will have the PE payment factor reduced by 50 percent.

The *MPPR Rate File* that contains the payments for 2022 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, TX.
- The carrier code for Texas is 4412 and the locality code for Dallas is 11.
- The first unit for Code 97530 has a full payment with the highest practice expense rate of 0.64 reimbursement \$69.81
- CPT code 97140 has a practice expense rate of 0.35 which is not the highest practice expense with a reduced payment of \$39.36
- CPT code 97110 has a practice expense rate of 0.40 which is also not the highest with a reduced reimbursement of \$165.20
- The DWC Conversion Factor is 62.46
- The Medicare Conversion Factor is 34.6062

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

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

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	Maximum allowable Reimbursement	Billed Amount	Lesser of MAR and billed amount
September 14, 2022	97530 -GP	1	\$38.68	\$69.81	\$69.81	\$69.81
September 14, 2022	97140 -GP	1	\$21.81	\$39.36	\$50.69	\$39.36
September 14, 2022	97110 -GP	3	\$23.41	\$126.76	\$165.21	\$126.76
Total						\$235.93

3. The total allowable DWC fee guideline reimbursement is \$278.67. The insurance carrier paid \$126.75 for CPT code 97110-GP. Reimbursement total in the amount of \$151.92 is recommended.

Conclusion

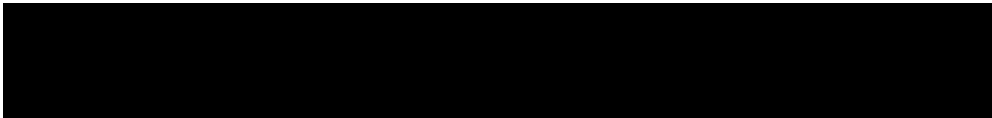
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$151.92 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 Zurich American Insurance Co must remit to Dallas Doctor’s Professional \$151.92 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



June 30, 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 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 electronico CompConnection@tdi.texas.gov.