



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated  
Healthcare

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-23-2240-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

May 9, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 6, 2023	97750-GP	\$531.04	\$279.70
<b>Total</b>		\$531.04	\$279.70

### 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, "We disagree that full allowable payment has been paid."

**Amount in Dispute:** \$531.04

### Respondent's Position

"The documentation submitted by the provider did not include a position statement for the disputed issue(s) as required by Rule 133.370(N). ...Our position is that no payment is due."

Response submitted by: Texas Mutual

## 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:

- 131 – Claim specific negotiated discount
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
- 650 – Allowance is reduced per the multiple procedure payment reduction for selected therapy services
- 8634 – Documentation does not support the need for more than 30 minutes of time
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

### Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

### Findings

1. The requestor is seeking additional reimbursement for physical performance testing done in March of 2023. The carrier reduced the allowed amount based on claim negotiated discount, documentation, and multiple procedure payment rules.

Review of the submitted documentation found insufficient evidence to support a negotiated discount and the documentation submitted by the evaluator indicates 2 hours of testing time. The basis for the insurance carrier to refute the time was not submitted. These denials are not supported.

2. The applicable DWC fee guideline for the disputed charge is 28 TAC §134.203 (b) (1) which requires the application of Medicare payment policies applicable to professional services. The insurance carrier's reduction of payment based on multiple procedure rules is supported.

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 Rate File* that contains the payments for 2023 services is found at [www.cms.gov/Medicare/Billing/TherapyServices](http://www.cms.gov/Medicare/Billing/TherapyServices).

- 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.

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

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

- $64.83/33.8872 \times \$33.86$  for first unit = \$64.78
- $64.83/33.8872 \times \$24.61$  for second through eighth units = \$329.57
- Total MAR = \$394.35

3. The total allowable DWC fee guideline reimbursement is \$394.35. The insurance carrier paid \$114.65. The remaining balance of \$279.70 is due to the requestor.

### **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 Texas Mutual Insurance Co must remit to Peak Integrated Healthcare \$279.70 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

### **Authorized Signature**

Type text here

June 8, 2023

Signature

Medical Fee Dispute Resolution Officer <sup>Date</sup>

**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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