TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Citizens Insurance Co. of America

MFDR Tracking Number
M4-23-2954-01

Carrier's Austin Representative
Box Number 1

DWC Date Received
July 24, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 29, 2022	97116-GP	$220.28	$181.83
November 29, 2022	99080-73	$0.00	$0.00
November 29, 2022	99213	$0.00	$0.00
January 17, 2023	97116-GP	$231.24	$189.76
January 17, 2023	99080-73	$0.00	$0.00
January 17, 2023	99213	$0.00	$0.00
	Total	$451.52	$371.59

Requestor's Position

"We have received no payment or denial for this reconsideration. Please process for payment."
Amount in Dispute: $451.52

Respondent's Position

The Austin carrier representative for Citizens Insurance Co. of North America is JT Parker & Associates, LLC. The representative was notified of this medical fee dispute on August 1, 2023. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.
Response Submitted by: N/A

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 TAC §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §134.600 sets out the preauthorization guidelines for specific treatments and services.

Denial Reasons

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

- MU – Physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day.
- 01 – The charge for the procedure exceeds the amount indicated in the fee schedule.

Issues

1. Is the Insurance Carrier's denial reason(s) supported?
2. Is the Requestor entitled to reimbursement for CPT code 97116-GP rendered on November 29, 2022?
3. Is the Requestor entitled to reimbursement for CPT code 97116-GP rendered on January 17, 2023?

Findings

1. The requestor seeks reimbursement for CPT Code 97116-GP, rendered on November 29, 2022, and on January 17, 2023. CPT code 97116 is described as "gait training therapy; one or more areas, each 15 minutes". The requestor appended the therapy code with modifier -GP, which indicates that the service is provided under an outpatient physical therapy plan of care.

   A review of the submitted medical bills finds that on the disputed dates of service, the requestor billed CPT code 97116-GP with CPT code 99213, evaluation, and management of an established patient.

   A review of the submitted explanation of benefits (EOB), finds that the insurance carrier denied the disputed service, CPT code 97116-GP, stating that the disputed code may not be reported on the same date of service with evaluation and management CPT code 99213.

   28 TAC §134.203(b)(1), which applies to the reimbursement of the disputed service, 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."

DWC completed NCCI edits and found that on the disputed dates of service no conflicts exist with the billing of CPT codes 97116 and 99213 together. Therefore, DWC finds that the insurance carrier's denial reason is not supported.

2. The requestor is seeking reimbursement in the amount of $220.28 for 4 units of CPT code 97116-GP rendered on November 29, 2022. A review of submitted documentation finds a utilization review document dated November 17, 2022, supporting that the requestor obtained prior authorization for the disputed services as required by 28 TAC §134.600.

   Because the insurance carrier's denial reason is not supported and the disputed service was preauthorized, DWC finds that the requestor is entitled to reimbursement.

   The fee guideline for the disputed service is found at 28 TAC §134.203 (a)(5), which states in pertinent part, "Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

   Medicare Claims Processing Manual Chapter 5, 10.3.7-effective June 6, 2016, titled Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services, states:

   > Full payment is made for the unit or procedure with the highest PE payment.
   >
   > For subsequent units and procedures with dates of service prior to April 1, 2013, furnished to the same patient on the same day, full payment is made for work and malpractice and 80 percent payment is made for the PE for services submitted on professional claims (any claim submitted using the ASC X12 837 professional claim format or the CMS-1500 paper claim form) and 75 percent payment is made for the PE for services submitted on institutional claims (ASC X12 837 institutional claim format or Form CMS-1450).
   >
   > 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.
   >
   > To determine which services will receive the MPPR, contractors shall rank services according to the applicable PE relative value units (RVU) and price the service with the highest PE RVU at 100% and apply the appropriate MPPR to the remaining services.
   >
   > When the highest PE RVU applies to more than one of the identified services, contractors shall additionally sort and rank these services according to highest total fee schedule amount, and price the service with the highest total fee schedule amount at 100% and apply the appropriate MPPR to the remaining services.

   The disputed service, CPT code 97116 is described as "gait training therapy; one or more

areas, each 15 minutes".

Review of the Medicare policies finds that the 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. Medicare publishes a list of the codes subject to MPPR annually.

DWC finds that the MPPR discounting rule applies to CPT code 97116-GP.

28 TAC §134.203 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..."

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

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

- Per the medical bills submitted, the services were rendered in 75211; therefore, the Medicare locality is 11, "Dallas, TX"
- The 2022 DWC Conversion Factor is 62.46.
- The 2022 Medicare Conversion Factor is 34.6062.
- The Medicare Participating amount for CPT code 97116 at this locality in 2022 is $30.51 for the first unit and $23.41 for the subsequent units.
- Using the above formula, DWC finds the MAR is $181.83 for 4 units of 97116-GP rendered on November 29, 2022.
- The respondent paid $0.00.
- Reimbursement in the amount of $181.83 is recommended for the date of service November 29, 2022.

3. The requestor is seeking reimbursement in the amount of $231.24 for 4 units of CPT code 97116-GP rendered on January 17, 2023. A review of submitted documentation finds a utilization review document dated November 17, 2022, supporting that the requestor obtained prior authorization for the disputed services as required by 28 TAC §134.600.

   Because the insurance carrier's denial reason is not supported and the disputed service was preauthorized, DWC finds that the requestor is entitled to reimbursement.

   As demonstrated in Finding #2 above, DWC finds that the MPPR discounting rule applies to CPT code 97116-GP.

The MPPR Rate File that contains the payments for 2023 services is found at https://www.cms.gov/Medicare/Billing/TherapyServices/index.html.

As also demonstrated above, in accordance with 28 TAC §134.203, the formula below applies to the reimbursement of 4 units of CPT code 97116-GP rendered on January 17, 2023.

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

- Per the medical bills submitted, the services were rendered in 75211; therefore, the Medicare locality is 11, "Dallas, TX"
- The 2023 DWC Conversion Factor is 64.83
- The 2023 Medicare Conversion Factor is 33.8872.
- The Medicare Participating amount for CPT code 97116 at this locality in 2023 is $30.22 for the first unit and $22.99 for the subsequent units.
- Using the above formula, DWC finds the MAR is $189.76 for 4 units of 97116-GP rendered on January 17, 2023.
- The respondent paid $0.00.
- Reimbursement in the amount of $189.76 is recommended for the date of service January 17, 2023.

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 requestor has established that reimbursement in the total amount of $371.59 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Citizens Insurance Co. of America must remit to Peak Integrated Healthcare $371.59 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		October 25, 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.