



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated  
Healthcare

**Respondent Name**

Irving Independent School District

**MFDR Tracking Number**

M4-23-3062-01

**Carrier's Austin Representative**

Box Number 44

**DWC Date Received**

August 2, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
05/15/2023	97750-GP	\$144.88	\$18.09
<b>Total</b>		\$144.88	\$18.09

### Requestor's Position

"All other dates of service on this reconsideration were paid in full 5/15/2023 was only paid 72.7% not 80%. Please process for full payment."

**Amount in Dispute:** \$144.88

### Respondent's Position

"Based on a review of the claim and the submitted documentation additional recommendation is not required. The code in question has been paid in accordance with the current Medicare guidelines and DWC fee schedule requirements. On the disputed date of service, the requestor billed CPT code 97550-GP (x8). The multiple procedure rule discounting applies to the disputed service."

**Response Submitted by:** IMO Managed Care

## 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 guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

### Adjustment Reasons

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

- 046 – Multiple procedure payment reduction (MPPR) applied.
- 222 – Charge exceeds fee schedule.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.  
Modifier-GP Services delivered under an outpatient physical therapy plan of care.

### Issues

1. Is the insurance carrier's reimbursement reduction reason supported?
2. Is the Requestor entitled to additional reimbursement for CPT Code 97750-GP?

### Findings

1. The insurance carrier reduced reimbursement for disputed service billed as CPT Code 97750-GP, rendered on May 15, 2023, with reason code 046 (description indicated above).

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 (c)(1) states, "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..."

Medicare Claims Processing Manual Chapter 5, 10.3.7-effective June 6, 2016, titled Multiple Procedure Payment Reductions (MPPR) 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 DWC finds that the MPPR rule applies to 97750-GP. The insurance carrier's reimbursement reduction reason, based on multiple procedure rules, is supported.

2. The requester is seeking additional reimbursement for 8 units of CPT code 97750-GP rendered on May 15, 2023.

CPT Code 97750-GP is defined as "Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes."

The requestor appended the "GP" modifier to code 97750. The "GP" modifier is described as "Services delivered under an outpatient physical therapy plan of care."

On the disputed date of service, the requestor documented and billed for a two-hour (8 units) physical performance test, using CPT code 97550-GP.

As demonstrated in finding #1 above, the multiple procedure rule (MPPR) discounting applies to the disputed service.

The MPPR Rate File that contains the payments for 2023 services is found at:

[www.cms.gov/Medicare/Billing/TherapyServices/index.html](http://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.

- MPPR rates are published by carrier and locality.
- The disputed date of service is May 15, 2023.
- The disputed service was rendered in zip code 75211, locality 11, Dallas; carrier 4412.
- The Medicare participating amount for CPT code 97750 in 2023 at this locality is \$34.70 for the first unit, and \$25.23 for the subsequent 7 units.
- The 2023 DWC Conversion Factor is 64.83
- The 2023 Medicare Conversion Factor is 33.8872

- Using the above formula, the DWC finds the MAR is \$404.25
- The respondent paid \$386.16 (per EOB processed 07/13/2023).
- Additional reimbursement of \$18.09 is recommended.

The DWC finds that the requestor is entitled to additional reimbursement in the amount of \$18.09.

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 DWC finds the requester has established that additional reimbursement is due in the amount of \$18.09.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$18.09 additional reimbursement for the disputed services.

It is ordered that Irving Independent School District must remit to Peak Integrated Healthcare \$18.09 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

		August 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).