



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Dallas Doctors' Professional Association

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-24-0307-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 6, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 23, 2023	97110 x 2	\$110.14	\$101.79
June 23, 2023	97116 x 2	\$110.14	\$0.00
June 23, 2023	97530 x 2	\$139.62	\$0.00
June 23, 2023	99211	\$43.24	\$0.00
June 26, 2023	97110 x 2	\$110.14	\$101.79
June 26, 2023	97116 x 2	\$110.14	\$0.00
June 26, 2023	97530 x 2	\$139.62	\$0.00
June 26, 2023	99211	\$43.24	\$0.00
June 28, 2023	99211	\$43.24	\$0.00
June 28, 2023	97110 x 2	\$110.14	\$101.79
June 28, 2023	97116 x 2	\$110.14	\$0.00
June 28, 2023	97530 x 2	\$139.62	\$0.00

Total	\$1209.42	\$305.37
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Requestor's Position

"I was able to resubmit all claims via email (proof attached), but I keep getting denials on all three claims for the same habitual reasons. Payment is still being denied even though sufficient documentation has been submitted, there are not disputes on claim and preauthorization was approved for medical necessity."

Amount in Dispute: \$1209.42

Respondent's Supplemental Position

"Our bill audit company has determined no further payment is due. The rationale for this determination is found below. DOS: 06/23/2023 – 06/28/2023 Rationale: Our Network team has confirmed 3 DOS are priced per contract intent. The rendering provider, Jeffrey Rodriguez is par effective 02/01/2018."

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.600](#) sets out the requirements of prior authorization of physical therapy services.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- 119/90409 – Benefit maximum for this time period or occurrence has been reached.
- 163 – The charge for this procedure exceeds the unit value and/or multiple procedure rules.
- P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment.
- 193/90563 – Original payment decision is being maintained.
- 90950 – This bill is a reconsideration of a previously reviewed bill, allowance amount reflect change to the previous payment.
- 252 – An attachment/other documentation is required to adjudicate this claim/service.

- 5407 – CV: Reconsideration, no additional allowance recommended. This bill and submitted documentation have been re-evaluated by clinical validation.

Issues

1. Is the respondent's position supported?
2. What services are in dispute?
3. Is the Insurance Carrier's denial reason(s) supported?
4. What rule is applicable to reimbursement?
5. Is the Requestor entitled to reimbursement?

Findings

1. The insurance carrier responded to this request for MFDR with the following statement, "Our Network team has confirmed 3 DOS are priced per contract intent." Review of the submitted explanation of benefit does not support a payment of any amount for the disputed services. The insurance carrier's position statement is not supported and will not be considered in this review.
2. The requestor is seeking reimbursement for dates of service June 23, 2023, June 26, 2023, and June 28, 2023 for the following services.
 - 99211-25 – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
 - 97110-GP – Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility.
 - 97116-GP-59 – Therapeutic procedure, 1 or more areas, each 15 minutes; gait training
 - 97530-GP – Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes.

These disputed services will be reviewed per applicable DWC rules and fee guidelines.

3. The insurance carrier denied Code 99211 for lack of documentation. Review of the submitted documentation did not find documentation to support the billed evaluation and management code. This insurance carrier's denial is supported.

The insurance carrier denied codes 97116-GP and 97530-GP as benefit maximum reached. The benefit for physical therapy services is based on provisions of DWC Rule 28 TAC §134.600 (p) (5) which states, "Non-emergency health care requiring preauthorization includes, physical and occupational therapy services."

Review of the submitted "Texas Utilization Review" dated June 20, 2023 found under Preauthorization Number: #6507548 the only "auth code" is 97110. As prior authorization was required for codes 97116 and 97530 but the submitted documentation did not support prior authorization was received, no payment is recommended.

4. The remaining code in dispute is 97110-GP which was also denied as benefit maximum reached. However, review of the "Texas Utilization Review" found this code was authorized for 9 units. The insurance carrier's denial is not supported.

The fee guidelines for the disputed service are found at 28 TAC §134.203.

DWC Rule 28 TAC §134.203(a)(5) states, "'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."

The requestor billed 2 units of CPT code 97110 on each disputed date of service, June 23, 2023, June 26, 2023, and June 28, 2023.

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.

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.

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

www.cms.gov/Medicare/Billing/TherapyServices/index.html.

The DWC finds that CPT Code 97110 will be calculated at the full allowable for the first unit and the reduced allowable for the second unit.

DWC Rule 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..."

- MPPR rates are published by carrier and locality.
- Per the medical bills, the services were rendered in zip code 75220; Medicare locality is 11, Dallas, TX.
- To determine the MAR the following formula is used:
(DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR
- The 2023 DWC Conversion Factor is 64.83
- The 2023 Medicare Conversion Factor is 33.8872
- The Medicare Participating amount for CPT code 97110 at this locality in 2023 is \$30.22 for the first unit and \$22.19 for subsequent units.
- Using the above formula, the DWC finds the MAR is \$57.81 for the first unit and \$43.98 for subsequent units. Therefore, the MAR for 97110 x 2 units = \$101.79 on each disputed date of service.
- The respondent paid \$0.00 each disputed date of service.
- Reimbursement in the amount of \$101.79 is recommended for CPT code 97110-GP x 2 units rendered on each date of service June 23, 2023, June 26, 2023, and June 28, 2023.

The total allowable of the disputed service is \$305.37. This amount 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 reimbursement in the amount of \$305.37 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 the Respondent, Zurich American Insurance Co., must remit to the Requestor, Dallas Doctors' Professional Association, \$305.37 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	<u>February 1, 2024</u> Date
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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 electrónico CompConnection@tdi.texas.gov.