



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Marrow, Brandon Coby

Respondent Name

WCF National Insurance Co

MFDR Tracking Number

M4-24-0381-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 10, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 6, 2023	97110	\$123.19	\$123.19
Total		\$123.19	\$123.19

Requestor's Position

"Gallagher Bassett's computer system misread the claim resulting in the audit being processed incorrectly. I am enclosing ALL documentation pertaining to the above return of the voided check and the forgoing appeal. I am requesting this DOS be processed for the CORRECT claimant, (redacted) with the correct payment for the 4 units billed for CPT 97110 ON Line 1 on the HCFA."

Amount in Dispute: \$123.19

Respondent's Position

The Austin carrier representative for WCF National Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 17, 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 guidelines for the resolution of medical fee disputes.
2. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional medical services.

Denial Reasons

The explanation of benefits dated July 11, 2023 in the amount of \$47.21 lists the following,

- P12 – 1 (No description)
- 252 (No description)
- 309 (No description)

The explanation of benefits dated July 26, 2023 lists the wrong Claim number and per documentation submitted by requestor was voided and returned to the insurance carrier.

Issues

1. What is the rule applicable to reimbursement?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking additional reimbursement for physical therapy services rendered in June 2023. The insurance made a reduction of the allowed amount resulting in a payment of \$47.21.

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.

The applicable Medicare payment policy is found at www.cms.gov, Medicare Claims Processing Manual, Chapter 5, Section 10.7 Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services. *Medicare applies a multiple procedure payment reduction (MPPR) to the practice expense (PE) payment of select therapy services. The reduction applies to the HCPCS codes contained on the list of "always therapy" services (see section 20), excluding A/B MAC (B)-priced, bundled and add-on codes, regardless of the type of provider or supplier that furnishes the services. Medicare applies an MPPR to the PE payment when more than one unit or procedure is provided to the same patient on the same day, i.e., the MPPR applies to multiple units as well as multiple procedure*

The MPPR Rate File that contains the payments for 2023 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 Tyler, Texas.
- The carrier code for Texas is 4412 and the locality code for Tyler is 99.

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

- The DWC CF 64.83/ MC CF 33.8872 x \$29.03 1st unit = \$55.54
- The DWC CF 64.83/ MC CF 33.8872 x \$22.27 (2nd-4th units) x 3 = \$127.81

2. The total allowable DWC fee guideline reimbursement is \$183.35. The insurance carrier paid \$47.21. The requestor is seeking an additional payment of \$123.19. This amount is recommended.

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. The amount ordered is \$123.19.

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 WCF National Insurance Co must remit to Marrow, Brandon Coby \$123.19 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

Date

January 17, 2024

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 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 three 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 tres o correo electronico CompConnection@tdi.texas.gov.