



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated  
Healthcare

**Respondent Name**

Amtrust Insurance Co

**MFDR Tracking Number**

M4-24-0437-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

October 24, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 25, 2023	97110-GP	\$346.86	\$263.89
May 25, 2023	97112-GP	\$132.76	\$116.29
June 8, 2023	97750-GP	\$531.04	\$404.25
June 26, 2023	99080-73	\$15.00	\$15.00
June 26, 2023	99213	\$174.71	\$0.00
<b>Total</b>		<b>\$1,200.37</b>	<b>\$799.43</b>

### Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of a request for reconsideration dated September 11, 2023 with a handwritten note dated October 24, 2023 that states, "We only received a response for 5/25/203 DOS for this reconsideration. We disagree that the therapy exceeded the allowable preauthorized therapy services. The other dates of service of 6/18/23 and 6/26/2023 should be paid in full."

**Amount in Dispute:** \$1,200.37

### Respondent's Position

The Austin carrier representative for Amtrust Insurance Co is Downs Stanford. The representative was notified of this medical fee dispute on October 31, 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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the reimbursement guidelines for physical therapy.
3. [28 TAC §129.5](#) sets out the reimbursement guidelines for work status reports.

### Denial Reasons

The insurance carrier denied the disputed service May 25, 2023 as shown below. Regarding the remaining services in dispute, neither party submitted documentation to support adjudication.

- 198 – Precertification/notification/authorization/pre-treatment exceeded.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 95 – Plan procedures not followed.
- N54 – Claim information is inconsistent with pre-certified/authorized services.
- U05 – The billed service exceeds the UR amount authorized.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

## Issues

1. Did the insurance carrier support adjudication of the disputed services?
2. Is the insurance carrier's denial of date of service May 25, 2023 supported?
3. What rule(s) is applicable to reimbursement?
4. Is the requestor entitled to additional reimbursement?

## Findings

1. The requestor is seeking reimbursement for the following professional medical services on different dates of service.
  - 97110-GP, Therapeutic procedure, 1 or more areas, each 15 minutes. May 25, 2023
  - 97112-GP, Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities, May 25, 2023
  - 97750-GP, Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes, June 8, 2023
  - 99808-73, Work status report June 26, 2023.
  - 99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded, June 26, 2023

Review of the submitted explanation of benefits found only the May 25, 2023 physical therapy charges have been adjudicated. The remaining unadjudicated services will be reviewed based on the applicable DWC rules and fee guidelines.

2. The insurance carrier denied the May 25, 2023 charges for codes 97110-GP (6) units and 97112-GP (2) units based on lack of prior authorization.

DWC Rule 134.600 (p) (5) states in pertinent part, "Non-emergency health care requiring preauthorization includes physical and occupational therapy services.

Review of the submitted documentation found a certified utilization review beginning on May 15, 2023-November 15, 2023 for therapeutic exercises, neuromuscular re-education, 10 sessions. The insurance carrier's denial is not supported. The applicable fee guideline is shown below.

3. DWC Rule 134.203(b)(1) is the applicable rule related to Codes 97110, 97112, and 97750 and states in pertinent parts for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply 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.

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 policy allows for full payment for the unit or procedure with the highest Practice Expense (PE) payment factor and for subsequent units the Practice Expense (PE) payment factor is reduced by 50 percent.

Review of the medical bill indicates 6 units were submitted for Code 97110. The code does not have this highest practice expense of the rendered services on date of service May 25, 2023 so will be reimbursed at the reduced rate for Garland, Texas in the amount of \$22.99.

The MAR is calculated per TAC Rule 134.203 (c)(1) which states in pertinent part, for service categories of Evaluation & Management, General Medicine, Physical Medicine when performed in an office setting, the conversion factor for the date of service in dispute is used or DWC Conversion Factor/Medicare Conversion Factor multiplied by physician fee schedule allowable or

- $64.83/33.8872 \times \$22.99 \times 6 = \$263.89$

Review of the medical bill indicates 2 units were submitted for Code 97112. The first unit is paid at 100% of the Physician Fee Schedule for Garland, Texas in the amount of \$34.70. The second unit be paid at the reduced amount of \$26.09.

- $64.83/33.8872 \times \$34.70 = \$66.38$
- $64.83/33.8872 \times \$26.09 = \$49.91$
- Total allowable = \$116.29

Review of the medical bill indicates 8 units were submitted for Code 97750. The first unit is paid at 100% of the Physician Fee Schedule for Garland, Texas in the amount of \$34.70. The other 7 units will be paid at the reduced amount of \$25.23.

- $64.83/33.8872 \times \$34.70 = \$66.38$
- $64.83/33.8872 \times \$25.23 = \$337.87$
- Total allowable = \$404.25

Regarding Code 99213. DWC Rule §134.203, (b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding; billing..."

The applicable coding, billing, and reporting of code 99213 requires a medically appropriate history and/or examination and low level of medical decision making. Review of the submitted documentation found the level of medical decision making is straightforward. No payment is recommended.

Work status reports, (99080-73). DWC Rule §129.5 (j) details the specifics of billing for a report and the amount of reimbursement detailed in this rule is \$15.00. This amount is recommended.

4. The total allowable for the disputed charges is \$799.43. 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 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement of \$799.43. It is ordered that Amtrust Insurance Co must remit to Peak Integrated Healthcare \$799.43 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

February 1, 2024

\_\_\_\_\_  
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).