



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Bentz Physical Therapy

**Respondent Name**

Keller ISD

**MFDR Tracking Number**

M4-24-0614-01

**Carrier's Austin Representative**

Box Number 43

**DWC Date Received**

November 14, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 5, 2023	97110	\$217.80	\$187.88
<b>Total</b>		\$217.80	\$187.88

### Requestor's Position

"Still have not received payment for this bill so I am sending it to MFD w/TDI via fax today."

**Amount in Dispute:** \$217.80

### Respondent's Position

The Austin carrier representative for Keller ISD is JI Specialty Services. The representative was notified of this medical fee dispute on November 21, 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 §134.600](#) sets out the requirements of prior authorization.
3. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional medical services.

### Denial Reasons

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

- 197 – Payment denied/reduced for absence of precertification/authorization.

### Issues

1. Is the insurance carrier's reason for denial or reduction of payment supported?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to reimbursement?

### Findings

1. The requestor is seeking reimbursement for physical therapy services rendered in July of 2023. The insurance carrier denied the disputed service based on lack of prior authorization. DWC Rule 28 TAC §134.600 (p)(5) states in pertinent parts that prior authorization for physical therapy services is required.

Review of the submitted documentation found a preauthorization letter, dated June 7, 2023 that physical therapy was certified under reference #5124326 starting June 1, 2023 and ending September 1, 2023. The DWC finds that the insurance carrier's denial is not supported. The service in dispute will be reviewed per applicable fee guideline.

2. 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](http://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>. The requestor seeks reimbursement for 4 units of CPT 97710-GP.

- MPPR rates are published by carrier and locality.
- The services were provided in Keller, Texas.
- The carrier code for Texas is 4412 and the locality code for Keller is 28.

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$

- $64.83/33.8872 \times \$29.87$  (1<sup>st</sup> unit) = \$57.14
- $64.83/33.8872 \times \$22.78$  (2-4<sup>th</sup> unit)  $\times 3 = \$130.74$
- Total MAR \$187.88

3. The DWC finds that the total allowable reimbursement is \$187.88. 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.

**ORDER**

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the 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 Keller ISD must remit to Bentz Physical Therapy \$187.88 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 14, 2024  
Date

**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](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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).