



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-24-1024-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 12, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 21, 2023	99213	\$174.71	Dismissed
September 21, 2023	99080-73	\$15.00	Dismissed
August 15, 2023	99361-W1	\$113.00	\$0.00
September 13, 2023	97110-GP	\$346.86	\$0.00
September 13, 2023	97112-GP	\$132.76	\$0.00
September 19, 2023	97110-GP	\$346.86	\$0.00
September 19, 2023	97112-GP	\$132.76	\$0.00
October 13, 2023	97750-GP	\$531.04	\$0.00
October 31, 2023	97116-GP	\$231.24	\$189.76
Total		\$2,024.23	\$189.76

Requestor's Position

"This patient has settled his case with a DWC-24 benefit dispute agreement on 10/24/2023. Peak Integrated healthcare has treated and billed for what the DWC-24 deemed compensable areas ONLY... The reasons for denial, extent of injury, for lack of precertification or findings of peer reviews, should not be an issue... Therefore, the submitted claims should be paid in full."

Amount in Dispute: \$2,024.23

Respondent's Position

"The provider filed a DWC 60, seeking medical fee dispute resolution for dates of service between August 15, 2023, and October 31, 2023. However, two of the dates of service were previously pursued under tracking number M4 - 24 - 0461 - 01. The provider is not entitled to pursue the same services under the same date of service under separate medical fee disputes... The bills have been denied either on the basis of extent of injury or on the basis of lack of medical necessity or on the basis of lack of preauthorization... The provider is not entitled to any payment."

Response Submitted by: FLAHIVE, OGDEN & LATSON

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 Medical Fee Dispute Resolution requests.
2. [28 \(TAC\) §133.305](#) sets out general Medical Dispute Resolution guidelines.
3. [28 TAC §134.600](#) sets out the procedures for preauthorization requirements of healthcare services.
4. [28 TAC §133.240](#) sets out the procedures for medical bill processing by insurance carriers.
5. [28 TAC §134.203](#) sets out the fee guidelines for professional medical services.

Adjustment Reasons

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

DOS September 21, 2023:

- 219 – Based on extent of injury.

DOS October 13, 2023:

- 4 - THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
- 10 - THE BILLED SERVICE REQUIRES THE USE OF A MODIFIER CODE.
- 197 - PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION / AUTHORIZATION.
- W3 - BILL IS A RECONSIDERATION OR APPEAL.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 2005 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.

DOS October 31, 2023:

- 197 – PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION / AUTHORIZATION.
- 2005 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
- 193 - Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- W3 – Bill is a reconsideration or appeal.

Issues

1. Which dates of service listed on the DWC060 request for medical fee dispute resolution (MFDR) form in this dispute will be reviewed for adjudication and/or dismissal?
2. Is the dispute for services rendered on September 21, 2023, subject to dismissal based on extent of injury?
3. Is the insurance carrier's denial reason(s) of CPT code 97750-GP rendered on October 13, 2023, supported?
4. Is the insurance carrier's denial reason(s) of CPT code 97116-GP rendered on October 31, 2023, supported?
5. Is the requestor entitled to reimbursement for CPT code 97116-GP rendered on October 31, 2023?

Findings

1. Peak Integrated Healthcare is requesting payment in the total amount of \$2,024.23 for disputed services provided August 15, 2023, through October 31, 2023, in accordance with the DWC060 Medical Fee Dispute Resolution (MFDR) request form and summary table submitted by the requestor.

Based on a review of the submitted documentation and information available to DWC, the dates of service September 13, 2023, and September 19, 2023, were previously disputed and dismissed on December 12, 2023, per DWC Medical Fee Dispute Resolution tracking

number, M4-24-0461. Therefore, these dates of service will not be reviewed as part of this medical fee dispute resolution (MFDR).

DWC finds that 28 TAC 133.307, which sets out the procedures for MFDR requests, requires that the MFDR request include copies of original and reconsideration medical bills and explanations of benefits for the dates of service in dispute. A review of the submitted documentation finds no evidence of medical bills, medical records, or explanation of benefits regarding services rendered on August 15, 2023. DWC concludes that the requestor has not met the requirements of 28 TAC 133.307, therefore the disputed date of service August 15, 2023, will not be reviewed as part of this MFDR.

For reasons outlined above, only the dates of service September 21, 2023, October 13, 2023, and October 31, 2023, are eligible for review by DWC as part of this MFDR.

2. The requestor is seeking reimbursement for services rendered on September 21, 2023. The services in dispute were denied by the workers' compensation carrier due to an unresolved extent-of-injury dispute. The extent of injury denial was timely presented to the requestor in the manner required by 28 TAC §133.240.

28 TAC §133.305(b) states, "Dispute Sequence. If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021."

28 TAC §133.307(f)(3)(C) states in pertinent part, "Dismissal. A dismissal is not a final decision by the division. The medical fee dispute may be submitted for review as a new dispute that is subject to the requirements of this section. The division may dismiss a request for MFDR if... the request contains an unresolved compensability, extent of injury, or liability dispute for the claim;"

The service in dispute rendered on September 21, 2023, contains an unresolved extent-of-injury issue. For that reason, this matter is not eligible for adjudication of a medical fee dispute resolution. This disputed date of service is hereby dismissed.

3. The insurance carrier denied reimbursement for CPT code 97750-GP rendered on October 13, 2023, based on lack of preauthorization and an incorrect or missing modifier.

CPT Code 97750-GP is defined as "Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes." The requestor appended the "GP" modifier to the CPT code 97750. The "GP" modifier is described as "Services delivered under an outpatient physical therapy plan of care."

DWC finds that in accordance with 28 TAC §134.600(p)(12), the injured employee's condition required preauthorization for reimbursement of the service of a physical performance evaluation.

A review of the submitted documentation finds no evidence that preauthorization for CPT code 97750-GP was requested or granted for the disputed date of service, October 13, 2023.

Therefore, DWC finds that the insurance carrier's denial reason based on lack of preauthorization for CPT code 97750-GP rendered on October 13, 2023, is supported.

4. The insurance carrier denied CPT code 97116-GP rendered on October 31, 2023, based on lack of preauthorization.

28 TAC §134.600 which sets out preauthorization guidelines for specific treatments and services, states in pertinent part, "(p) Non-emergency health care requiring preauthorization includes: ... (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels:

- (A) Level I code range for Physical Medicine and Rehabilitation, but limited to:
 - (i) Modalities, both supervised and constant attendance;
 - (ii) Therapeutic procedures, excluding work hardening and work conditioning;
 - (iii) Orthotics/Prosthetics Management;
 - (iv) Other procedures, limited to the unlisted physical medicine and rehabilitation procedure code... "

The CPT code in dispute, 97116, is described as "Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)." The requestor appended the "GP" modifier to code 97116. The "GP" modifier is described as "Services delivered under an outpatient physical therapy plan of care."

In accordance with 28 TAC §134.600(p), DWC finds that the disputed CPT code 97116 requires preauthorization.

A review of the submitted documents finds that per Sedgwick Claims Management, on behalf of New Hampshire Insurance Co., the therapeutic procedure in dispute was certified/preauthorized for 6 units to be rendered between the dates of October 23, 2023, and January 23, 2024. A review of the submitted medical record and medical bills finds that the requestor billed for and documented 4 units of CPT code 97116, gait training, rendered on October 31, 2023, within the date range in which these services had been preauthorized.

DWC finds that the insurance carrier's denial based on lack of preauthorization is not supported.

5. The requestor is seeking reimbursement in the amount of \$231.24 for CTP code 97116-GP rendered on October 31, 2023. Because the insurance carrier's denial reason for this disputed date of service was not supported, DWC will adjudicate the maximum allowable reimbursement (MAR) for the disputed service of CPT code 97116-GP.

On October 31, 2023, the requestor documented and billed for 4 units of gait training therapy, CPT code 97116-GP. DWC finds that the following Texas Administrative Code (TAC) Rules apply to the reimbursement of 97116-GP:

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."

DWC finds that the multiple procedure discounting rule applies to the disputed service. Medicare Claims Processing Manual Chapter 5, 10.7-effective June 6, 2016, titled Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services, states in pertinent part:

Full payment is made for the unit or procedure with the highest PE payment...

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 MPPR Rate File that contains the payments for 2023 services is found at www.cms.gov/Medicare/Billing/TherapyServices/index.html.

To determine the MAR the following formula is used:

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

- MPPR rates are published by carrier and locality.
- Disputed service was rendered in zip code 75211, locality 11, Dallas.
- The disputed date of service is October 31, 2023.
- The Medicare participating amount for CPT code 97116 in 2023 at this locality is \$30.22 for the first unit, and \$22.99 for each subsequent unit.
- The 2023 DWC Conversion Factor is 64.83
- The 2023 Medicare Conversion Factor is 33.8872
- Using the above formula, DWC finds the MAR is \$189.76.
- The respondent paid \$0.00.
- The recommended reimbursement amount is \$189.76.

DWC finds that the requestor is entitled to reimbursement in the amount of \$189.76 for CPT code 97116-GP x 4 units rendered on October 31, 2023.

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 requestor has established that reimbursement is due in the total amount of \$189.76 for the disputed date of service October 31, 2023.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed date of service October 31, 2023. It is ordered that the Respondent, New Hampshire Insurance Co., must remit to the Requestor, Peak Integrated Healthcare, \$189.76 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature:

February 8, 2024

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. 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 prefieres 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.tas.gov.