

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Hartford Insurance Company of Midwest

MFDR Tracking Number

M4-23-0044-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

September 2, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 16, 2022	97110-GP	\$330.42	\$0.00
February 16, 2022	97112-GP	\$128.08	\$0.00
February 18, 2022	97110-GP	\$330.42	\$0.00
February 18, 2022	97112-GP	\$128.08	\$0.00
February 21, 2022	97110-GP	\$330.42	\$0.00
February 21, 2022	97112-GP	\$128.08	\$0.00
February 23, 2022	97110-GP	\$330.42	\$0.00
February 23, 2022	97112-GP	\$128.08	\$0.00
February 25, 2022	97110-GP	\$330.42	\$0.00
February 25, 2022	97112-GP	\$128.08	\$0.00
Total		\$2292.50	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of a reconsideration dated June 7, 2022 that had a handwritten date of September 2, 2022 and a statement of "The authorization is attached and 3 DOS for same preauth have been paid previously."

Amount in Dispute: \$2292.50

Respondent's Position

"Please accept this letter as a response to the above dispute. The bills in question were processed and paid on 3/3/22 per multiple procedure rules and maximum time period or occurrence reached. DOS 2/25/22 was received on 6/7/22 and denied past timely filing in error. Reprocessed and paid 9/19/22.

Response submitted by: The Hartford

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:

- 18 – Exact duplicate claim/service.
- 29 - The time limit for filing has expired.
- 133 – The disposition of this claim/service is pending further review.
- 247 – A payment or denial has already been recommended for this service.
- 536 – These charges have already been billed and paid for according to fee schedule and/or reasonable guidelines. No further payment is due.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 119 – Benefit maximum for this time period or occurrence has been

reached.

- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules.
- PPRJ – Paid with prejudice.

Issues

1. Did the requestor support payment was made for disputed dates of service?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking payment of physical therapy for dates of service in February 2022. The insurance carrier provided explanation of benefits that indicates a payment was made for the dates of service listed on the DWC 60. The payments will be reviewed per applicable fee guideline to verify if the reductions made at the time of payment are supported.
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, 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 2022 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 Dallas, Texas.
- The carrier code for Texas is 4412 and the locality code for Dallas is 11.

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

Code 97112 has the highest PE and will receive full reimbursement (\$35.48) for the first unit and the MPPR reduction will apply to the second unit (\$23.41).

The code 97110 will be calculated with the MPPR reduction (\$23.41) to all units submitted on the medical bill.

- Date of service February 16, 2022. 97112 – $78.37/34.6062 \times \$35.48 = \64.04
- Date of service February 16, 2022. 97112 – $78.37/34.6062 \times \$26.78 = \48.33
- Date of service February 16, 2022. 97110 – $78.37/34.6062 \times \$23.41 \times 6 = \253.51 .
- Total allowable for February 16, 2022, \$365.88. The insurance carrier paid \$365.87 via check number 133519168 on March 3, 2022. No additional payment due.
- Date of service February 18, 2022. 97112 – $78.37/34.6062 \times \$35.48 = \64.04
- Date of service February 18, 2022. 97112 – $78.37/34.6062 \times \$26.78 = \48.33
- Date of service February 18, 2022. 97110 – $78.37/34.6062 \times \$23.41 \times 6 = \253.51 .
- Total allowable for February 18, 2022, \$365.88. The insurance carrier paid \$365.87 via check number 133521151 on March 4, 2022. No additional payment due.
- Date of service February 21, 2022. 97112 – $78.37/34.6062 \times \$35.48 = \64.04
- Date of service February 21, 2022. 97112 – $78.37/34.6062 \times \$26.78 = \48.33
- Date of service February 21, 2022. 97110 – $78.37/34.6062 \times \$23.41 \times 6 = \253.51 .
- Total allowable for February 21, 2022, \$365.88. The insurance carrier paid \$365.87 via check number 133521153 on March 4, 2022. No additional payment due.
- Date of service February 23, 2022. 97112 – $78.37/34.6062 \times \$35.48 = \64.04
- Date of service February 23, 2022. 97112 – $78.37/34.6062 \times \$26.78 = \48.33

- Date of service February 23, 2022. $97110 - 78.37/34.6062 \times \$23.41 \times 6 = \$253.51$.
 - Total allowable for February 23, 2022, \$365.88. The insurance carrier paid \$365.87 via check number 133521150 on March 4, 2022. No additional payment due.
 - Date of service February 25, 2022. $97112 - 78.37/34.6062 \times \$35.48 = \$64.04$
 - Date of service February 25, 2022. $97112 - 78.37/34.6062 \times \$26.78 = \$48.33$
 - Date of service February 25, 2022. $97110 - 78.37/34.6062 \times \$23.41 \times 6 = \$253.51$.
 - Total allowable for February 25, 2022, \$365.88. The insurance carrier paid \$365.87 via check number 134103704 on September 20, 2022. No additional payment due.
3. The total allowable DWC fee guideline reimbursement is \$1,829.40. The insurance carrier paid \$1,829.35. No additional payment 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 not established payment is due

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date April 19, 2024

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 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 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 electrónico CompConnection@tdi.texas.gov.