TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Hartford Accident & Indemnity Co.

MFDR Tracking Number
M4-24-1026-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
January 12, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 28, 2023	99213	$174.71	$0.00
August 28, 2023	99080-73	$15.00	$0.00
August 29, 2023	99361-W1	$113.00	$0.00
September 8, 2023	97110-GP	$346.86	$8.29
September 8, 2023	97112-GP	$132.76	$4.27
	Total	$782.33	$12.56

Requestor's Position

"We have received no payment or denial…"

Amount in Dispute: $782.33

Respondent's Position

"The original bill for dos 8/28-8/29/23 was processed on 9/5/23 under control number… It paid at charged amount for $302.71. Paid bill dos 9/8/23 on 1/19/24 in the amount of $367.62 as it was originally missed on the first submission."

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 §133.307 sets out the procedures for Medical Fee Dispute Resolution requests.

Adjustment Reasons

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

- 163 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE UNIT VALUE AND/OR THE MULTIPLE PROCEDURE RULES.
- 119 – BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.
- 133 – THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
- PPRJ – PAID WITHOUT PREJUDICE.

Issues

1. Has the requestor been previously paid for the dates of service in dispute?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement in the amount of $782.33 for disputed services rendered August 28, 2023, through September 8, 2023.

   A review of submitted medical bills finds that for the combined dates of service, August 28 and 29, 2023, the requestor billed the insurance carrier a total amount of $302.71. Per the submitted explanation of benefits (EOB) dated September 11, 2023, the insurance carrier allowed reimbursement in the total amount of $302.71 for services rendered on August 28 and 29, 2023. Therefore, DWC finds that the requestor has been reimbursed the full charges, as a

result, the requestor is not entitled to additional payments for the services rendered on August 28, 2023, and August 29, 2023.

A review of the submitted medical bills finds that on the disputed date of service September 8, 2023, the requestor billed the insurance carrier a total amount of $479.62 for therapy services rendered. Per the submitted EOB dated January 19, 2024, the insurance carrier allowed reimbursement in the total amount of $367.62. Therefore, DWC finds that the requestor has been reimbursed a reduced amount with reduction reason based on multiple procedure rules.

DWC finds, per EOBs submitted, that the requestor has been previously reimbursed a total amount of $670.33 for the services in dispute.

2. The requestor is seeking reimbursement in the total amount of $782.33 for three dates of service in dispute.

   As established above, the requestor has been allowed reimbursement for charges in full on dates of service August 28, 2023, and August 29, 2023. Therefore, DWC finds that the requestor is not entitled to additional reimbursement for these dates of service.

   On September 8, 2023, the requestor charged $346.86 for 6 units of CPT code 97110-GP and charged $132.76 for 2 units of CPT code 97112-GP, for a total charge of $479.62. As established above, the insurance carrier reduced the reimbursement to allow $367.62 for therapy services rendered on September 8, 2023, citing reduction reason based on multiple procedure rules.

   The fee guidelines applicable to the services rendered on September 8, 2023, are found at 28 TAC §134.203, which states in pertinent part, "(a)(5) 'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

   Medicare Claims Processing Manual Chapter 5, 10.3.7-effective June 6, 2016, titled Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services, states:

   > Full payment is made for the unit or procedure with the highest PE payment.
   >
   > For subsequent units and procedures with dates of service prior to April 1, 2013, furnished to the same patient on the same day, full payment is made for work and malpractice and 80 percent payment is made for the PE for services submitted on professional claims (any claim submitted using the ASC X12 837 professional claim format or the CMS-1500 paper claim form) and 75 percent payment is made for the PE for services submitted on institutional claims (ASC X12 837 institutional claim format or Form CMS-1450).

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.

Review of the Medicare policies finds that the 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. Medicare publishes a list of the codes subject to MPPR annually.

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

DWC finds that CPT Codes 97110 and 97112 are subject to the MPPR policy. The CPT code 97112 is found to have the highest PE/RVU of the therapeutic services billed on the disputed dates of service. Therefore, the first unit of CPT code 97112 will receive full payment and the reduced PE payment will apply to all subsequent units of timed therapy codes performed on the same date of service.

28 TAC §134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year…"

- MPPR rates are published by carrier and locality.
- Per the medical bills, the services were rendered in zip code 75211; Medicare locality is 11, Dallas, TX.
- To determine the MAR the following formula is used:
  (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR
- The 2023 DWC Conversion Factor is 64.83
- The 2023 Medicare Conversion Factor is 33.8872

- The Medicare Participating amount for CPT code 97112 at locality 11 in 2023, is $34.70 for the first unit and $26.09 for the subsequent units.
- Using the above formula, DWC finds the MAR is $66.38 for the first unit and $49.91 for second unit. Therefore, the MAR for CPT code 97112 x 2 units rendered on the disputed date of service = $116.29.
- The insurance carrier paid $112.02
- The requestor is entitled to an additional payment of $4.27

- The Medicare Participating MPPR discount amount for CPT code 97110 at locality 11 in 2023 is $22.99.
- Using the above formula, DWC finds the MAR for CPT code 97110 x 6 units rendered on the disputed date of service = $263.89.
- The insurance carrier paid $255.60
- The requestor is entitled to an additional payment of $8.29

- DWC finds that the total MAR for 2 units of CPT code 97112 plus 6 units of CPT code 97110 rendered on September 8, 2023, is $380.18.
- The insurance carrier paid a total of $367.62.
- The difference between the MAR and the paid amount = $12.56. Therefore, this amount of additional reimbursement 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 requestor has established that additional reimbursement in the amount of $12.56 is due.

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 the Respondent, Hartford Accident & Indemnity Co. must remit to the Requestor, Peak Integrated Healthcare, $12.56 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature:

March 19, 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, 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 prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electronico CompConnection@tdi.tas.gov.