

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
PEAK INTEGRATED
HEALTHCARE

Respondent Name
LIBERTY INSURANCE CORP

MFDR Tracking Number
M4-24-1822-01

Carrier's Austin Representative
Box Number 60

DWC Date Received
April 5, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 25, 2024	97750-GP	\$150.92	\$17.09
	Total	\$150.92	\$17.09

Requestor's Position

"This date of service was denied FULL payment stating, 'MULTIPLE PROCEDURE RULES.' This is incorrect. DWC rule 134.204(g)

The fee schedule allows for \$557.52 to be charged for PHYSICAL PERFORMANCE EVALUATION that lasts 2 hours (8 units)."

Amount in Dispute: \$150.92

Respondent's Position

"... reimbursement was issued according to the guidelines provided by the Texas Medical Fee Schedule. The provider billed 97750 with 8 units. The first unit for 97750 was paid at \$66.88 and each additional unit was reimbursed with the multiple payment reduction applied in the amount of \$44.53 per unit as this provider also submitted a bill for Physical Therapy services on the same DOS. Total payment issued \$406.60 is appropriate for 97750."

Response Submitted by: Liberty Mutual Insurance

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 resolving medical fee disputes.
2. 28 TAC §134.203 sets out the reimbursement guidelines for professional medical services.

Denial Reasons

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

- 192 – The recommended allowance has been proportioned based on the multiple procedure rules for services reviewed on this date of service or partial previously reviewed on the same date of service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed.
- 592 – The recommended allowance has been proportioned based on the multiple procedure rules for services reviewed on this date of service or partial reviewed on the same date of service.

Issues

1. Is Peak Integrated Healthcare entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 97750-GP rendered on January 25, 2024.

The fee guidelines for disputed service 97750-GP (x 8) are found at 28 TAC §134.203.

28 TAC §134.203 (c)(1) states, "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..."

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.

On the disputed date of service, the requestor billed CPT code 97550-GP (x8). The multiple procedure rule discounting applies to the disputed service.

The MPPR Rate File that contains the payment for 2024 services is found at <http://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

To determine the MAR the following formula is used:

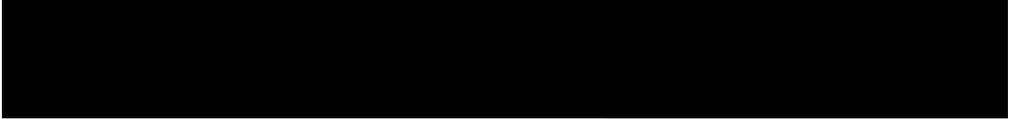
$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$.

- MPPR rates are published by carrier and locality.
- The disputed date of service is January 25, 2024.
- The disputed service was rendered in zip code 75043, Dallas, TX .
- The 2024 DWC Conversion Factor is 67.81.
- The 2024 Medicare Conversion Factor is 32.7442.
- The Medicare participating amount for CPT code 97750-GP at this locality is \$33.65 for the first unit, and \$24.42 for subsequent 7 units.
- The MAR amount for CPT code 97750-GP at this locality is \$69.69 for the first unit, and \$354.00 for the subsequent 7 units.
- Using the above formula, the DWC finds the total MAR is \$423.69.
- The respondent paid \$406.60.
- Requestor is seeking \$150.92.
- Reimbursement in the amount of \$17.09 is recommended.

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 LIBERTY INSURANCE CORP must remit to PEAK INTEGRATED HEALTHCARE \$17.09 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



May 9, 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 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.texas.gov.