



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Starr Indemnity & Liability Co

MFDR Tracking Number

M4-24-2734-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 14, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 20, 2024	97110-GP	\$71.60	\$0.00
May 20, 2024	97112-GP	\$138.04	\$0.00
May 20, 2024	98940-GP	\$0.00	\$ 0.00
May 23, 2024	99361-W1	\$0.00	\$0.00
Total		\$209.64	\$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 July 9, 2024 and August 14, 2024 that states, "***AFTER RECONSIDERATION THIS BILL WAS STILL DENIED FULL PAYMENT FOR THE "MUTUALL EXCLUSIVE PROCEDURES CANNOT BE PERFORMED ON SAME DAY OF SERVICE" THIS IS INCORRECT AS WE HAVE AUTHORIZATION FOR ALL THE TREATMENT PERFORMED."

Amount in Dispute: \$209.64

Respondent's Position

"Our initial response to the above reference medical fee dispute is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed."

Supplemental response September 11, 2024

"Our bill audit company has determined no further payment is due."

Response Submitted by: Gallagher Bassett

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the reimbursement guidelines for physical therapy.

Denial Reasons

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

- 00663 – 1 – Reimbursement has been calculated based on the state guidelines.
- 193/90563 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 231 – Mutually exclusive procedures cannot be done in the same day/setting.
- 5283-1 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract or carrier decision.
- 6197 – In accordance with clinical based coding edits (National correct coding initiative/outpatient code editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.

Issues

1. Is insurance carrier's denial based on NCCI edits for code 97112 supported?
2. Is the insurance carrier's reduction based on state guidelines supported?
3. Is requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of code 97112 – Neuromuscular reeducation rendered on May 20, 2024. The insurance carrier denied the claim line based on NCCI edits. DWC Rule 28 TAC §134.203 (b)(1) states in pertinent parts, " For coding, billing reporting, and reimbursement of professional medical services, Texas workers' compensation system

participants shall apply the Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits;" Review of these edits at www.cms.gov, found an edit does exist that packages code 97112 with code 98940. No additional reimbursement is recommended.

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 insurance carrier's reduction of payment is supported.

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..."

On the disputed dates of service, the requestor billed CPT code 97110-GP (x6). The multiple procedure rule discounting applies to the disputed service.

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.

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

- The date of service is May 20, 2024.
- Requested additional reimbursement for code 97110 – Therapeutic exercises.
- The DWC conversion factor for 2024 is 61.17.
- The Medicare conversion factor for 2024 is 33.2875.
- MPPR rates are published by carrier and locality.
- Review of Box 32 on the CMS-1500 finds that the services were rendered in zip code

75211; therefore, the Medicare locality is "Dallas, Texas."

- The Medicare participating amount for CPT code 97110 at this locality is \$60.11 for the first unit, and \$45.79 for subsequent units.
- The total MAR is \$60.11 + \$228.97 = \$289.08.

3. The total MAR is \$289.08. The insurance carrier paid \$289.06 on June 14, 2024. No 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 requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 13, 2024
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 electrónico CompConnection@tdi.texas.gov.