



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Standard Fire Insurance Co

MFDR Tracking Number

M4-25-0320-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

October 8, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 15, 2024	97750-GP	\$557.52	\$423.69
Total		\$557.52	\$423.69

Requestor's Position

The requestor included a copy of a reconsideration dated May 2, 2024, and October 8, 2024, that states, "After reconsideration it was still not paid and stated duplicate claim and service this is incorrect. See attached DD exam also that confirms treatment is for compensable injury, additionally we received authorization for the therapy."

Amount in Dispute: \$557.52

Respondent's Position

"Attached is a copy of the PLN 11 disputing the extent of injury that has been filed with the DWC as well as a copy of the peer review report that supports our position that the treatment is not related to the accepted compensable injury."

Response submitted by: ESIS

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 §133.240](#) sets out the requirements of compensability denial notification.
3. [28 TAC §134.203](#) sets out the reimbursement guidelines for physical performance tests.

Denial Reasons

The Division reviewed the disputed medical bill based on the explanation of benefits submitted with the MFDR request that has the following denial reasons.

- 2 – This procedure on this date was previously reviewed (148)
- 3 – 18 – Duplicate claim/service. (ANS118)

Issues

1. Did the respondent raise a new issue?
2. What rule(s) is applicable to reimbursement?

Findings

1. The requester is seeking reimbursement for the physical performance test (code 97750-GP).
The only explanation of benefits indicates the claim denied as duplicate. The respondent sent as their position statement, "...treatment is not related to the accepted compensable injury."

DWC §133.307(d)(2)(F) states in pertinent part, "The responses shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. If the response includes unresolved issues of compensability, extent of injury, liability, or medical necessity, the request for MFDR will be dismissed in accordance with subsection (f)(3)(B) or (C) of this section."

A review of the submitted EOB does not support the denial based upon the extent of injury. As a result, due to the insufficient documentation the DWC will proceed with the audit of the disputed charges.

The applicable fee guideline calculation is shown below.

2. DWC Rule 134.203 is the applicable rule related to Code 97750 – (Physical performance test or TAC Rule 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 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.

The Medicare 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.

The MPPR policy allows for full payment for the unit or procedure with the highest Practice Expense (PE) payment factor and for subsequent units the Practice Expense (PE) payment factor is reduced by 50 percent.

Review of the medical bill indicates eight units were submitted for Code 97750. The first unit is paid 100% of the Physician Fee Schedule for Garland, Texas in the amount of \$33.65. The other seven units will be paid at the reduced amount of \$24.42.

The MAR is calculated per TAC Rule 134.203 (c)(1) which states in pertinent part, for service categories of Evaluation & Management, General Medicine, Physical Medicine when performed in an office setting, the conversion factor for the date of service in dispute is used or DWC Conversion Factor/Medicare Conversion Factor multiplied by physician fee schedule allowable or

- $67.81/32.7442 \times 33.65 = \69.69
- $67.81/32.7442 \times 24.42 \times \text{seven units} = \354.00
- Total allowable = \$423.69

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 established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Standard Fire Insurance Co must remit to Peak Integrated Healthcare \$423.69 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

November 7, 2024

Date

Signature

Medical Fee Dispute Resolution Officer

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.