



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Pride

**Respondent Name**

Travis County

**MFDR Tracking Number**

M4-25-0588-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

November 6, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 14, 2024	97750 GO-FC	\$800.00	\$0.00
June 4, 2024	97799 CP-CA-GP-GO	\$937.50	\$0.00
June 7, 2024	97799 CP-CA-GP-GO	\$0.00	\$0.00
June 10, 2024	97799 CP-CA-GP-GO	\$0.00	\$0.00
June 14, 2024	97799 CP-CA-GP-GO	\$1000.00	\$0.00
July 2, 2024	97750 GO-FC	\$550.00	\$0.00
<b>Total</b>		<b>\$3,287.50</b>	<b>\$0.00</b>

### Requestor's Position

"The medical treatment received by the above reference patient was provided under the rules of the Texas Department of Insurance, Division of Workers' Compensation..."

**Supplemental response submitted January 22, 2025**

"No, payment has not been received at this time."

**Amount in Dispute:** \$3,287.50

### Respondent's Position

"The provider identified the amount that the provider had billed on its CMS 100s as well as the

amount reimbursed by the carrier. The provider then identified them amount that it is currently seeking which is \$3,287.50. However, there have been recent payments that are not reflected on the provider's DWC 60. For the March 14, 2024 FCE, the carrier has not reimbursed the provider \$427.78. For the FCE dated July 2, 2024, the carrier has not reimbursed the provider \$325.80. On the chronic pain management program, the date of service of June 4, 2024, the carrier has reimbursed the provider \$875.00. The provider already acknowledged that it was reimbursed \$1,000 for the June 7, 2024 date of service and \$750 for the June 10, 2024 date of service. With respect to the June 14, 2024 date of service, the carrier has now reimbursed the provider \$1,000 which is the amount the provider was requesting. ...It is the carrier's position that it has paid the provider all the monies that the provider is entitled to."

**Response Submitted by:** Flahive, Ogden & Latson

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 performance tests.

### Denial Reasons

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

- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- 5 – The procedure code/type of bill is inconsistent with the place of service (5)
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 59 – Processed based on multiple or concurrent procedure rules.
- N640 – Exceeds number/frequency approved/allowed within time period.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.

### Issues

1. What services are in dispute?
2. What rule is applicable to reimbursement?

### Findings

1. The requestor has submitted a request for MFDR for the following items listed with disputed amounts on the DWC 60.

- March 14, 2024, 97750 GO-FC, for \$800.00
- June 4, 2024, 97799 CP-CA-GP-GO, for \$937.50
- June 14, 2024 97799 CP-CA-GP-CO, for \$1000.00
- July 2, 2024 97750 GO-FC , for \$550.00

The respondent submitted explanation of benefits that state.

- March 14, 2024 – 97750. Payment of \$427.78 made October 31, 2024. As requested amount was not paid, this claim will be reviewed per applicable fee guidelines.
- June 4, 2024 – 97799. Payment of \$125.00 was made June 25, 2024. Additional payment was made on October 30, 2024 in the amount of \$875.00. Total amount paid is \$1000.00 which exceeds requested amount. No additional payment is recommended.
- June 14, 2024 – 97799. Payment of \$125 was made June 28, 2024. Additional payment of \$1,000.00 was made on October 30, 2024. As this was the requested amount, no additional payment is recommended.
- July 2, 2024 - 97750. Payment of \$325.80 was made on October 30, 2024. As requested amount was not paid, this claim will be reviewed per applicable fee guidelines.

2. The requestor is seeking reimbursement for physical performance test (code 97750-GP) for dates of service March 14, 2024 and July 2, 2024. The insurance carrier reduced the payment amount based on the Medicare multiple procedure discounting rules. The applicable fee guideline calculation is shown below.

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 for date of service March 14, 2024 and six units for July 2, 2024. The first unit is paid 100% of the MPPR rate for Austin, Texas in the amount of \$34.21. The remaining units will be paid at the reduced amount of \$24.62 each.

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

- March 14, 2024.  $67.81/33.2875 \times \$34.21 = \$69.59$
- March 14, 2024.  $67.81/33.2875 \times \$24.62 \times 7 \text{ units} = \$351.07$ 
  - Total amount allowed for DOS March 14, 2024, \$420.66. The carrier paid \$427.78. No additional payment is due.
- July 2, 2024.  $67.81/33.2875 \times \$34.21 = \$69.59$
- July 2, 2024.  $67.81/33.2875 \times \$24.62 \times 5 \text{ units} = \$250.77$ 
  - Total allowable = \$320.36. The carrier paid \$325.80. No additional payment is due.

### 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 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

February 27, 2025  
\_\_\_\_\_  
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).