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
GENCO

Respondent Name
AIU Insurance Co

MFDR Tracking Number
M4-25-0915-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
December 24, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 14, 2024	97010 GP CQ	$20.00	$0.00
August 14, 2024	G0283 GP CQ	$35.00	$0.00
August 14, 2024	97140 GP CQ	$65.00	$0.00
August 14, 2024	97110 GP CQ (4 UNITS)	$300.00	$191.90
August 22, 2024	97010 GP CQ	$20.00	$0.00
August 22, 2024	G0283 GP CQ	$35.00	$0.00
August 22, 2024	97110 GP CQ (4 UNITS)	$300.00	$191.90
August 28, 2024	97010 GP CQ	$20.00	$0.00
August 28, 2024	G0283 GP CQ	$35.00	$0.00
August 28, 2024	97110 GP CQ (4 UNITS)	$300.00	$191.90
	Total	$1,130.00	$575.70

Requestor's Position

"I asking assistance in getting this matter resolved since the services were pre-authorized and all documentation supports the preauthorized services provided."

Amount in Dispute: $1,130.00

Respondent's Position

The Austin carrier representative for AIU Insurance is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on December 31, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 guidelines for the resolution of medical fee disputes.
2. 28 TAC §134.600 sets out the requirements of prior authorization.
3. 28 TAC §134.203 sets out the reimbursement guidelines for professional medical services.

Denial Reasons

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

- B11 – The claim/service has been transferred to proper payer/processor for processing.
- 00663-1 – Reimbursement has been calculated based on the state guidelines
- 90202/B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 247 – Deductible for Professional service rendered in an institutional setting and billed on an Institutional claim.
- N45 – Payment based on authorized amount.

- N130 – Consult plan benefit documents/guidelines for information about restrictions for this service.
- P12-1 – Workers' compensation jurisdictional fee schedule adjustment
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies
- TX350 – Bill has been identified as a request for reconsideration or appeal
- TX790 – This charge was reimbursed in accordance to the Texas medical fee guideline
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 93 – No claim level adjustments
- XX750 – Savings category 3: Fee schedule

Issues

1. Did the insurance carrier support claim was previously paid or denied?
2. Was prior authorization required/obtained?
3. What is the rule(s) are applicable to reimbursement?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking payment of the following physical therapy services rendered in August of 2024.
    - August 14, 2024
        - 97010 – Application of modality to 1 or more areas; hot or cold packs
        - G0283 – Electrical stimulation (unattended), to one or more areas for indications (s) Other than wound care, as part of the therapy plan
        - 97140 – Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual (traction), 1 or more regions, each 15 minutes
        - 97110 – Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
    - Auguust 22, 2024

- 97010 – Application of modality to 1 or more areas; hot or cold packs
- G0283 - Electrical stimulation (unattended), to one or more areas for indications (s) Other than wound care, as part of the therapy plan
- 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

- August 28, 2024
  - 97010 - Application of modality to 1 or more areas; hot or cold packs
  - G0283 - Electrical stimulation (unattended), to one or more areas for indications (s) Other than wound care, as part of the therapy plan
  - 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

The insurance carrier did not submit a position statement in response to the request for MFDR. The submitted explanation of benefits indicates denials based on duplicate claim and reductions based on fee guidelines. However, the submitted documentation does not support a payment or that the services denied for any reason other than being a duplicate. Therefore, the services in dispute will be reviewed per applicable fee guidelines.

2. The information submitted included a copy of MEDINSIGHTS prior authorization dated August 8, 2024. An approval of 6 sessions (97110) from August 8, 2024 – November 8, 2024 for six sessions. DWC Rule 134.600 (p)(5) states in pertinent parts, "Non-emergency health care requiring preauthorization includes: physical and occupational therapy services…"

   Based on the submitted prior authorization indicated above only code 97110 received authorization and is the only code eligible for reimbursement. The applicable fee guidelines are shown below.

3. 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 applicable Medicare payment policy is found at www.cms.gov, Medicare Claims Processing Manual, Chapter 5, Section 10.7 Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services. *Medicare applies a multiple procedure payment reduction (MPPR) to the practice expense (PE) payment of select therapy services. The reduction applies to the HCPCS codes contained on the list of "always therapy" services (see section 20), excluding A/B MAC (B)-priced, bundled and add-on codes, regardless of the type of provider or supplier that furnishes the services. Medicare applies an MPPR to the PE payment when more than one unit or procedure is provided to the same patient on the same day, i.e., the MPPR applies to multiple units as well as multiple procedure*

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

- MPPR rates are published by carrier and locality.
- The services were provided in McAllen. Texas.
- The carrier code for Texas is 4412 and the locality code for McAllen is 99.

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR

For each disputed dates of service, the requestor billed 4 units of code 97110. The first unit will be paid at the MPPR rate while the remaining three units will be paid at a reduced rate.

- 67.81/33.2875 x $28.50 = $58.06
- 67.81/33.2875 x $21.90 x 3 = $133.84
- $58.06 + $133.84 = $191.90
- Total MAR $191.90 x 3 = $575.70

4. The total allowable DWC fee guideline reimbursement is $575.70 This amount 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 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 AIU Insurance must remit to GENCO $575.70 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.}

Authorized Signature

		March 10, 2025
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 in accordance with 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 three 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 tres o correo electronico CompConnection@tdi.texas.gov.