TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Berkshire Hathaway Homestate Insurance Co

MFDR Tracking Number
M4-25-1334-01

Carrier's Austin Representative
Box Number 12

DWC Date Received
February 17, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 5, 2024	99213	$185.89	$185.89
September 5, 2024	99080-73	$15.00	$0.00
September 19, 2024	99213	$185.89	$185.89
September 19, 2024	99080-73	$15.00	$0.00
September 24, 2024	97750-GP	$557.52	$423.62
October 3, 2024	99213	$185.89	$185.89
October 3, 2024	99080-73	$15.00	$0.00
	Total	$1160.49	$981.29

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy a reconsideration request with the dates December 12, 2024 and February 17, 2025 that states, "AFTER RECONSIDERATON 09/26, 10/18/2024 WAS PAID. BUT NONE OF THE OTHER CLAIM RECONSIDERED, ON THOSE WE WERE AGAIN GIVEN NO RESPONSE TO OUR SUBMITTAL."

Amount in Dispute: $1160.49

Respondent's Position

"I have emailed the provider on this request, and we're maintaining our position of the 9/5/24 date of service already being paid in full, and the 9/19/24, 9/24/24 and 10/3/24 dates of service to be non-paid due to utilization review non-certifications."

Response submitted by: Berkshire Hathaway Homestate Companies

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

- Neither party submitted explanation of benefits indicating payment/denial of the dispute services.

Issues

1. Did the insurance carrier support their response to MFDR?
2. What is the rule(s) are applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The respondent states, "…we're maintaining our position of the 9/5/24 date of service already being paid in full, and the 9/19/24, 9/24/24, and 10/3/24 dates of service to be non-paid due to utilization review non-certifications."

   Review of the submitted documentation and information known to the Division found insufficient evidence to support the respondent's statement regarding any of the disputed services. The services in dispute will be reviewed per applicable fee guidelines.

2. DWC Rule 28 TAC §134.203(c)(1) states, "…To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification…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 $53.68…"

   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. In this instance, code 99213, 67.81/33.2875 x $91.25 = $185.89 each for dates of service September 5,

2024, September 19, 2024, October 3, 2024 for a total reimbursement of $557.67.

The requestor is also seeking $15.00 for code 99808-73 for dates of service September 5, 2024, September 19, 2024 and October 3, 2024. DWC Rule 28 TAC §129.5 (e), (g) states in pertinent parts,

(e) The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:
(1) after the initial examination of the injured employee, regardless of the injured employee's work status;
(2) when the injured employee experiences a change in work status or a substantial change in activity restrictions; and
(1) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks and which shall be based upon the doctor's, delegated physician assistant's, or delegated advanced practice registered nurse's scheduled appointments with the injured employee.

(g) In addition to the requirements under subsection (e) of this section, the treating doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report with the insurance carrier, employer, and injured employee within seven days of the day of receipt of:
(1) functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the injured employee as provided by §129.6(a) of this title (relating to Bona Fide Offers of Employment); or
(2) a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions.

Review of the submitted DWC073 forms did not document the criteria shown above. No payment is recommended.

Regarding the September 24, 2024 dates of service for code 97750 -GP. As no evidence was found to support utilization review, the services in dispute will be reviewed per applicable fee guideline.

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 Multiple Procedure Payment Reduction Rate File found at www.cms.gov, for Garland, Texas in the amount of $34.21. The second through eighth units will be paid at the reduced amount of $24.82.

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/$33.2875 x MPPR rate file allowable for location.

- $67.81/$33.2875 x $34.21 = $69.69
- $67.81/$33.2875 x 24.82 x 7 = $353.93
- Total allowable = $423.62

3. The total allowable DWC fee guideline reimbursement is $981.29. 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 requester 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 Berkshire Hathaway Homestate Insurance must remit to Peak Integrated Healthcare $981.29 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		March 4, 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 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.