Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: SOUTHEAST HEALTH SERVICES INC P.O. BOX 453062 GARLAND, TX 75045	MFDR Tracking #: M4-05-3688-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: CITY OF DALLAS C/O HARRIS & HARRIS REP BOX #: 42	Date of Injury: Employer Name: Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "For dates of service 1/29/04 was denied is included in the "value of the comprehensive procedure". The code 97140 is for manual therapy technique, please see attached letter of clarification. This should be considered as separate procedure that is not global to any other code on this day per Medicare CCI edits and the attached description."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Updated Table of Disputed Services

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Enclosed herewith is documentation of payment made by the Carrier for the dates of service March 11, 2004 and March 16, 2004, in the amount of $308.98."

Principle Documentation:

1. Response to DWC 60
2. Copies of Checks for DOS 3/11/04 and 3/16/04

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
01/29/04	F,435	97140-59 x 1 ($ 27.30 x 125%)	1, 2, 3	$34.13
03/11/04	D91	97110 x 1 ($ 29.59 x 125%)	2, 4, 5	$34.02
Total Due:				$68.15

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

An updated Table of Disputed Services was received in Medical Fee Dispute Resolution on 03/15/05.

1. These services were denied by the Respondent with reason code "F - Fee Guideline MAR reduction" and "435 - The value of this procedure is included in the value of the comprehensive procedure."

2. Per review of Box 32 on CMS-1500, zip code 75217 is located in Dallas County.

3. Per §134.202(b), CPT Code 97140 is a component of CPT Code 98940 billed on the same day. A modifier is allowed in order to differentiate between services; separate payment for the services may be considered justifiable if a modifier is used appropriately. A review of the Requestor's CMS-1500 reveals that CPT Code 97140 was billed with a -59 modifier. Therefore, reimbursement is recommended.

4. EOB for date of service 03/11/04 indicating that a request for reconsideration had been submitted for one of the 3 units billed for CPT Code 97110 on this DOS and only 2 units of CPT Code 97110 were paid originally and denied as duplicate D91 on reconsideration; therefore, reimbursement for 1 unit is recommended.

5. Per §134.202(d), "reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge." The requestor billed below MAR amount on CPT Code 97110.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby ORDERS the Carrier to remit to the Requestor the amount of $68.15 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

		06/07/07
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. §413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision, that is the subject of the appeal, is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.