Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address: Hildalgo County Asso., Inc. 1205 N. Raul Longoria, Ste. I San Juan, TX 78589	MDR Tracking No.: M4-05-5511-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Pharr San Juan Alamo ISD C/o J. T. Parker & Associates, LLC Rep Box #: 01	Date of Injury: Employer's Name: Pharr San Juan Alamo ISD Insurance Carrier's No.: W176004052851

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor did not provide a position summary; however, in a letter to CorVel dated 2/8/05 the requestor states in part, "…This letter is to substantiate medical necessity for charges on physical therapy services received for the attached dates of services. Physical therapy is used in the course of patient treatment to aid in the healing of soft tissue, thereby reducing the possibility of scar tissue and are residual effects of a patient's condition…"

Principle Documentation:

1. Requestor's position summary
2. TWCC-60/Table of Disputed Services
3. CMS-1500
4. EOBs
5. Clinical notes

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "…Based on the provided documentation, the Carrier maintains it's position of denial. Despite the Provider's statements in their TWCC-60, the bills were not denied on the basis of medical necessity. The Carrier denied the bills in question as inconsistent with the Medicare Guidelines, as noted on the EOBs submitted by the Provider…"

Principle Documentation:

1. Respondent's position summary
2. TWCC-60/Table of Disputed Services

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
05/19/04, 05/21/04, 05/24/05, 05/26/04, 05/28/04, 06/02/04, 06/03/04, 06/04/04, 06/09/04, 06/10/04, 06/11/04, 06/15/04, 06/16/04, 06/17/04, 06/21/04, 06/23/04, 06/24/04, 06/28/04, 06/30/04, 07/01/04, 07/07/04, 07/08/04, 07/19/04, 07/21/04, 07/23/04	**R88** – CCI; Mutually Exclusive Procedure	97140 – Manual Therapy Technique	1	$00.00

05/24/04	**R84** – CCI; Most Extensive Procedure	97750 – Functional Capacity Evaluation	2	$00.00
06/24/04, 06/28/04, 06/30/04,07/01/04, 07/07/04, 07/08/04, 07/19/04, 07/21/04, 07/23/04, 07/26/04, 07/29/04, 07/30/04	**R95** – Procedure Billing Restricted/See Medicare LCD	97032 – Electrical Stimulation	3	$224.76
06/24/04, 06/28/04, 06/30/04, 07/01/04, 07/07/04, 07/08/04, 07/19/04, 07/21/04, 07/23/04, 07/26/04, 07/28/04, 07/30/04	**R88** – CCI; Mutual Exclusive Procedure	97530 – Therapeutic Activities	4	$543.84
06/24/04, 06/28/04, 06/30/04, 07/01/04, 07/06/04, 07/07/04, 07/08/04, 07/19/04, 07/21/04, 07/23/04, 07/26/04, 07/29/04, 07/30/04, 08/02/04, 08/04/04, 08/05/04	**R79** – CCI; Standards of Medical/Surgical Practice	97112 – Therapeutic Procedures	5	$34.30
07/06/04, 07/26/04, 07/30/04, 08/02/04, 08/04/04, 08/05/04	**R79** – CCI; Standards of Medical/Surgical Practice	97124 – Therapeutic Procedures	6	$00.00
TOTAL DUE				$802.90

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

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

EOB's submitted by both parties also contain payment exception codes of "F – Fee Guideline MAR Reduction" and "GP – Service delivered under PT/ OT care plan." These payment exception codes do not have a bearing on the summary, methodology or explanation in this decision.

1. CPT Code 97140 for the dates of services listed above were denied as "R88 – CCI; Mutually Exclusive Procedures". According to the Medicare National Correct Coding Initiative CPT Code 97140 is considered a CCI Component Unbundle to CPT Code 98940 and CCI Mutually Exclusive to CPT Code 97012. CPT Code 97140 was billed on the same date of service as CPT Code 98940 or CPT Code 97012, modifier –59 (Distinct Procedural Service) is allowed, however was not attached to the CPT Code in dispute. Therefore, per Rule 134.202(b) reimbursement is not recommended.

2. CPT Code 97750 for date of service 05/24/04 was denied as "R84 – CCI; Most Extensive Procedure". The Requestor submitted a written report showing this was a Functional Capacity Evaluation. According to Rule 134.202(e)(4) FCE's shall be billed using the Physical performance test or measurement CPT Code with modifier "-FC." A review of the submitted CMS-1500 reveals the Requestor incorrectly billed this code by not attaching the appropriate modifier. Therefore, reimbursement per Rule 134.202 is not recommended.

3. CPT Code 97032 for the dates of service listed above was denied as "R95 – Procedure Billing Restricted/See Medicare LCD." Limited Coverage Determinations (LCDs) are usually medical necessity issues; however, the Respondent has said in their position summary that medical necessity is not the issue. According to Medicare all types of electrical stimulation are usually billed under CPT Code 0283. Since the Respondent did not deny for medical necessity the Respondent, per Rule 133.304, should have contacted the Requestor to discuss and ask the Requestor to possibly change the code billed to the more appropriate code. Therefore, per Rule 134.202(b) reimbursement in the amount of $224.76 is recommended.

4. CPT Code 97530 for the dates of service listed above (16 total units were billed) were denied as "R88 – CCI, Mutually Exclusive Procedures". Review of Medicare's NCCI Edits reveals that at one time Column 1/Column 2 Edits applied to CPT Code 97112 and 97530, however, this CCI edit was deleted on 01/01/1996. In running CCI edits with CPT Code 97530 there are no conflicting edits with codes billed on the same day. The MAR on this CPT Code according to Medicare times 125% is $34.65; however the Requestor is seeking $33.99 per unit. Therefore, per Rule 134.202(b) reimbursement in the amount of $543.84 ($33.99 x 16) is recommended.

5. CPT Code 97112 for the dates of service listed on page 2 were denied as "R79 – CCI, Standards of Medical/Surgical Procedures." Medicare lists the general guidelines for therapeutic procedures and for CPT Code 97112, the standard treatment is up to 18 sessions within a six-week period. Documentation supporting the medical necessity for continued treatment must be made available to Medicare upon request. However, the Respondent stated in their position summary that medical necessity is not the issue; therefore, this code will be reviewed according to Rule 134.202(b). Per Rule 134.202(b) CPT Code 97112 is considered a CCI Component Unbundle to CPT Code 98940 billed on the same day, a modifier is allowed if used appropriately. The Requestor did not use the appropriate modifier. Therefore, reimbursement cannot be recommended for dates of service that this procedure is billed with CPT Code 98940. This same procedure for date of service 07/29/04 was found to have no conflicting CCI edits; therefore reimbursement in the amount of $34.30 ($27.44 x 125%) is recommended.

6. CPT Code 97124 for the dates of service listed on page 2 were denied as "R79 – CCI, Standards of Medical/Sugical Procedures." Medicare lists the general guidelines stating that this procedure may be medically necessary as adjunctive treatment to another therapeutic procedure on the same day, which is designed to restore muscle function, reduce edema, improve joint motion, or for relief of muscle spasm. Since the Respondent stated in their position summary that medical necessity is not the issue this procedure will be reviewed according to Rule 134.202(b). Therefore, per Rule 134.202(b) and Medicare CCI Edits this procedure is a CCI Component Unbundle of CPT Code 98940 billed on the same day, a modifier is allowed if used appropriately. The Requestor did not use the appropriate modifier; therefore, reimbursement cannot be recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.201
28 Texas Administrative Code Sec. §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 additional reimbursement **in the amount of $802.90.**

Ordered by:

	Marguerite Foster	February 24, 2006
Authorized Signature	Typed Name	Date of Order

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.