



**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**PART I: GENERAL INFORMATION**

Requestor's Name and Address:  Trinity Physical Medicine 2800 Brown Trail Bedford, Texas 76021	MFDR Tracking #:	M4-05-6081-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #:  Tarrant County Rep Box # 42	Date of Injury:	
	Employer Name:	Tarrant County
	Insurance Carrier #:	TC100798

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary: Per the Table of Disputed Services "In reference to the denial of code 97113 as "global," the Medicare treatment guidelines state that "Codes 97110, 97112, 97113 and 97530 describe several different types of therapeutic interventions..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent's Position Summary: "...The Respondent reviewed the matter and denied reimbursement for the aquatic therapies as they were included in the global charge for the other therapies, and the piecing out of these services constituted impermissible unbundling."

Principle Documentation:

1. Response to DWC 60

**PART IV: SUMMARY OF FINDINGS**

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
04-02-04 to 06-11-04	F, 435, 97 & 782	97113	1 - 3	\$00.00
<b>Total Due:</b>				\$00.00

**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, sets out the reimbursement guidelines.

1. These services were denied by the Respondent with reason codes:

- F - Fee guideline MAR reduction.
- 435 - The value of this procedure is included in the value of the comprehensive procedure.
- 97 - Payment is included in the allowance for another service/procedure.
- 782 - The insurance company is reducing or denying payment after reconsidering a bill.

2. Per Rule 134.202(b) CPT code 97113 is a component procedure of code CPT 97530 also billed on the dates of service in dispute. Separate payment may be considered justifiable if the service is billed with an appropriate modifier. The Requestor did not bill the services with a modifier; therefore, no reimbursement is recommended.
3. Per review of Box 32 on CMS-1500 zip code 76021 is located in Tarrant County.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES**

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

**PART VII: DIVISION DECISION**

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 not entitled to reimbursement for the services involved in this dispute.

**DECISION:**

07-09-07

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.**