



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 DALLAS, TX 75045	MFDR Tracking #:	M4-07-2504-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: SENTRY INSURANCE A MUTUAL CO C/O FLAHIVE OGDEN & LATSON REP BOX #: 19	Date of Injury:	
	Employer Name:	
	Insurance Carrier #:	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: DOS 11/29/05 to 12/30/05 were denied as 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." "This code was used to describe myofascial release and...should be reimbursed separately."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: Not submitted w/response

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
11/29/05-12/30/05	"51", "31"	97140-59 x 15 DOS (\$ 27.33 x 125%)	1, 2, 3	\$512.40
12/07/05, 12/21/05	"51", "31"	97140-59 x 2 DOS (\$ 27.33 x 125%)	1, 2, 4	\$68.32
Total Due:				\$580.72

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.

1. These services were denied by the Respondent with reason code "51" with reason code notes reference of "Payment is included in the allowance for another service/procedure." Other DOS notes reference a reason code "31" explained as "This procedure is mutually exclusive to another on this date of service. By clinical practice standards, this procedure should not or cannot be performed in the same treatment period."

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 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. The Requestor attached modifier -59; therefore, reimbursement is recommended per §134.202(c)(1).
4. Per §134.202(b), CPT Code 97140 is a component of CPT Code 98941 billed on 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. The Requestor attached modifier -59; therefore, reimbursement is recommended per §134.202(c)(1).

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 \$580.72 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

06/14/07

 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.