



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor's Name and Address: John Taylor, D.C. 6660 Airline Drive Houston, Texas 77076	MFDR Tracking #:	M4-07-4766-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name: Fidelity & Guaranty Insurance  Box #: 19	Date of Injury:	
	Employer Name:	Convergys Corporation
	Insurance Carrier #:	3471098820

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

Requestor's Position Summary: "The service '97140' was used to bill manual therapy, which according to the medical fee guidelines it substituted joint mobilization, myofascial release, and manual traction...In reviewing the EOB's, our facility is completely within the scope of the guidelines and has not exceeded the amount indicated in the fee schedule."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Copy of preauthorization

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

Respondent's Position Summary: "This is a medical fee dispute concerning CPT code 97140 and service dates 12/26/2006, 12/27/2006 and 12/29/2006. Carrier has reduced reimbursement for this CPT as the documentation did not support the rendition of these services and the billed amount exceeded fee guideline maximum reimbursements. No additional reimbursements are owed."

Principle Documentation:

1. Response to DWC 60

### PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 77076 is located in Harris county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
12-26-06, 12-27-06 and 12-29-06	151PI	97140 (1 unit @ \$33.33 x 6 units)	1 - 3	\$199.98
<b>Total Due:</b>				

### 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 code "151PI" (Payment adjusted because the payer deems the information submitted does not support this many services). The Division clarifies reason code 151 shall be used for medical necessity or fee denials. Division review will determine the dispute track.
2. The Requestor obtained preauthorization (number 9685121) dated 12-01-06 preauthorizing physical therapy to the lumbar spine 3 times per week times 4 weeks (12 visits) – to be scheduled (with 5-day extended timeframe due to holidays). The Respondent is in violation of Rule 134.600(c)(1)(B) which states in part "The carrier is liable for all reasonable and necessary medical costs relating to the health care: preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care".
3. Reimbursement per Rule 134.202(c)(1) is recommended in the following amount \$199.98 (1 unit @ \$33.33 x 6 units).

A Compliance and Referral is made due to the Respondent being in violation of Rule 134.600 as referenced in number two (2) above.

Texas Labor Code Sec. §413.011(a-d)  
 28 Texas Administrative Code Sec. §134.1, §134.202 and §134.600

**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 \$199.98 plus accrued interest, due within 30 days of receipt of this Order.

**ORDER:**

05-15-07

\_\_\_\_\_  
 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.**