



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

MILLENNIUM CHIROPRACTIC

Respondent Name

OLD REPUBLIC GENERAL INSURANCE

MFDR Tracking Number

M4-14-1218-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

JANUARY 2, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "the 'qualifying service/procedure' was performed (98941) and documented. Additionally, all service billed for these dates of service were Pre-authorized by the carrier or the services were necessary which was proven by the additional pre-authorization approval by the carrier. The carrier is now retroactively denying payment for the services. Again, the carrier is stating 'concurrent procedure rules' have not been followed. This is false. The CCI Edits state the '-59' modifier is to be used when billing 97140 and a CMT (Chiropractic Manipulative Treatment), which in this case we billed 98941. The reason we are required to use the '-59' modifier is the 97140 code is an umbrella code for three different, separate, and unique therapeutic modalities: 1. Myofascial Release; 2. Joint Mobilization; and 3. Manipulation As you see, the third therapy is *manipulation*. To show that we are not duplicating this procedure when billing a CMT code (98940, 98941, 98942, 98943), the CCI edits require the use of the '-59' modifier and documentation stating which procedures are being performed. As is demonstrated in our documentation, we did not duplicate this procedure and billed these codes appropriately."

Amount in Dispute: \$1,020.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response to this request for medical fee dispute resolution.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 31, 2012 through March 6, 2013	CPT Code 97140-59-GP (17 dates) Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	\$1,020.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 and §134.203, effective March 1, 2008, sets the reimbursement

guidelines for the disputed service.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

- 59-Processed based on multiple or concurrent procedure rules.
- LN-This line was included in the reconsideration of this previously reviewed bill.

Issues

1. Is the requestor entitled to reimbursement?

Findings

According to the explanation of benefits, the respondent denied reimbursement for CPT code 97140-59-GP based upon reason code “59.”

Per 28 Texas Administrative Code §134.203(b)(1) “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

On the disputed dates of service, the requestor billed CPT code 97140-59-GP in conjunction with code 98941. According to the CCI edits, CPT code 97140 is a component of code 98941; however a modifier is allowed to differentiate the service. The requestor appended modifier “59-Distinct Procedural Service” to code 97140.

Modifier “59” is defined as “Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.”

A review of the requestor’s Patient Daily Note reports indicates under the heading Treatments Performed that joint mobilization and/or myofascial therapy was performed on the claimant. The reports do not indicate what body area was treated with joint mobilization and/or myofascial therapy; therefore, the requestor’s documentation does not support a “different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.” The Division finds that the requestor has not supported the use of modifier “59.” As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

5/30/2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

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