



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Ashford Chiropractic Center

Respondent Name

Trumbull Insurance Company

MFDR Tracking Number

M4-15-2661-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

April 21, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... I have submitted documentation showing that we have pre-authorization for this treatment, that this case includes both a spine diagnosis (lumbar herniated disc ...), as well as an extremity diagnosis (labral tear of the shoulder ...)... 97140-59 continues to be denied on the basis that 'the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated' ... they have bundled it with 98941 even though we have ... explained the treatment is for the extremity..."

Amount in Dispute: \$320.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... Our investigation has found that CPT 97140 GP manual therapy has been denied as inclusive to CPT 98940 chiropractic manipulation.

Per 2015 Medicare National Correct Coding Sourcebook, CPT 97140 would require a modifier to indicate a distinct and separate service.

Our review shows that to date, we have not received the appropriate modifier to support a distinct and separate service."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 16 – 26, 2015	Physical Therapy	\$320.00	\$0.00

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the guidelines for billing and reimbursing professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.
 - 247 – A payment or denial has already been recommended for this service.
 - B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.

Issues

Are the insurance carrier's reasons for denial or reduction of payment supported?

Findings

The insurance carrier denied disputed services with claim adjustment reason code "97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated" and "906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed."

28 Texas Administrative Code §134.203 (b) requires that "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) 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" [emphasis added].

Review of the submitted information finds that the dispute involves physical therapy CPT code 97140. CCI edits indicate that this code may not be billed with primary CPT Code 98941, which was also billed by the requestor on each date of service in dispute according to the Explanations of Benefits, unless an appropriate modifier is used. While the Request for Medical Fee Dispute (DWC060) includes the modifier -59 on each of the disputed codes, the submitted CMS-1500 forms find that the only modifier used was –GP. Modifier –GP is a required modifier to define the service as "Services delivered under an outpatient physical therapy plan of care ... by a qualified therapist." This modifier is not sufficient to overcome the CCI edits. Therefore, the insurance carrier's denial reason is supported. Additional reimbursement cannot be 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

Laurie Garnes
Medical Fee Dispute Resolution Officer

June 11, 2015
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, 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 MFDR 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.