



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

DALLAS TESTING INC

Respondent Name

Federal Insurance Co

MFDR Tracking Number

M4-19-0272-01

Carrier's Austin Representative Box

Number 17

Fee Dispute Request Received

September 18, 2018

Response Submitted by:

Downs Stanford, PC

REQUESTOR POSITION SUMMARY

"The above date of service was not paid in full and has been returned due to reason: 'Service not furnished directly and/or not documented.' **SEE REPORT!** This is incorrect. The billed time can and does include all time spent with the patient and time spent writing the report."

RESPONDENT POSITION SUMMARY

"Respondent stands by the original denial of the service in dispute."

SUMMARY OF REQUEST AND DIVISION ORDER

Disputed Dates of Service	Disputed Service	Disputed Amount	Division Order
April 25, 2018	97750 - 8 Units	\$503.44	\$0.00

AUTHORITY

Texas Labor Code §413.031 (c). In resolving disputes over the amount of payment due for medically necessary services for treatment of the compensable injury, the role of the medical fee dispute resolution program is to adjudicate the payment given the relevant statutory provisions and commissioner rules.

Rule at 28 Texas Administrative Code §133.307 sets out the process for medical fee dispute resolution applicable to requestors, respondents, and the Division.

Rule at 28 Texas Administrative Code §134.203 is the fee guideline applicable to Professional Medical Services including the services in dispute.

Claim Adjustment Reason Codes

The insurance carrier issued explanation of benefits (EOB) in which it denied payment for the disputed service with the following claim adjustment reason code:

00403 (112) Services not furnished directly to the patient and/or not documented
W3 (W3) Request for Reconsideration

Findings

The service in dispute is a physical performance test billed by Dallas Testing Inc using code 97750. The American Medical Association (AMA) CPT® 2018 description for code 97750 is: *physical performance test or measurement, with written report, each 15-minutes, requires direct one-on-one patient contact.*

The carrier denied payment for because “Services not furnished directly to the patient and/or not documented.” Dallas Testing Inc refuted the carrier’s denial by explaining that “The billed time can and does include all time spent with the patient and time spent writing the report.”

Whether Dallas Testing Inc correctly coded and billed the service in dispute is at issue here. We now discuss the billing and coding policies that apply to 97750.

28 Texas Administrative Code §134.203¹(b)(1) states, in pertinent part, that for reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment policies, including coding and billing. The Medicare Claims Processing Manual 100-04, Chapter 5, Sections 20.2 and 20.3 set out the coding and billing requirements relating to timed test and measurement codes such as 97750.² There, you will find that only time spent having direct one-on-one patient contact may be billed.

Through its own written admission, Dallas Testing Inc confirms that it included time spent writing a report in the total units billed. This billing practice is **not** permitted under the Division’s professional fee guideline because **only** time spent in direct one-on-one contact with the injured employee may be billed.

Because correct coding and billing are conditions for payment per §134.203(b)(1); and because Dallas Testing Inc did not meet its duty to correctly code and bill 97750; we find that no reimbursement is due.

Decision

The health care provider’s failure to properly code and bill the service in dispute results in non-payment under the Division’s fee guideline rule.

DALLAS TESTING INC did not meet its burden to prove that the amount of payment it seeks from Federal Insurance Co is due.

DALLAS TESTING INC’s request for reimbursement is denied.

¹ 28 Texas Administrative Code §134.203 may be viewed on the DWC public webpage. Go to <https://www.tdi.texas.gov/wc/rules/index.html> and then under **Codes** click on [Texas Administrative Code - Division of Workers' Compensation](#).

² Medicare Claims Processing Manual 100-04 may be viewed on the Centers for Medicare and Medicaid public webpage. Go to <https://www.cms.gov/>, click on the yellow **Regulations & Guidance** tab at the top, then click on the [Manuals](#) link. You will see another link to the [Internet Only Manuals \(IOM\)](#) on the left hand side of the page.

DIVISION ORDER

The undersigned has been delegated authority by the Commissioner of the Division of Workers' Compensation to sign this official order. For the reasons stated, the amount ordered is \$0.00.

Authorized Signature

Signature

Martha P Luévano
Medical Fee Dispute Resolution Director

October 25, 2018
Date

RIGHT TO APPEAL

Either party to this medical fee dispute may seek review of this Division decision. To appeal, submit form DWC Form-045M titled ***Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*** found at <https://www.tdi.texas.gov/forms/form20numeric.html>.

Follow the instructions on pages 3 and 4. The request must be received by the division within twenty days of your receipt of this decision. This decision becomes final if the request for review of a this decision is not timely made.

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.

If you have questions about the DWC Form-045M, please call CompConnection at 1-800-252-7031, Option 3 or you may email your question to CompConnection@tdi.texas.gov

Si prefieres hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, Option 1.