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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

-MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
DALLAS TESTING, INC

Respondent Name
INDEMNITY INSURANCE CO OF NORTH AMERICA

MFDR Tracking Number
M4-19-0394-01

Carrier's Austin Representative
Box Number 15

MFDR Date Received
SEPTEMBER 25, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The above date of service was not paid and has been returned due to reason: 'Service not furnished directly and/or not documented.' **SEE REPORT!** This is incorrect. The report states that 2 hours were spent on the evaluation…The billed time can and does include all time spent with the patient and time spent writing the report."

Amount in Dispute: $503.44

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Although the provider has noted the exam to be a PPE exam, the provider has submitted documentation that supports the billing of an FCE exam and not a PPE exam. The provider has met all the components of the FCE exam and therefore must adhere to the billing requirements as outlined below under 134.204(g) and append the required modifier 'FC', the provider has appended the modifier 'GP' in error. As you are aware Texas is a no downcode state and for that reason he providers billing of 97750-GP was appropriately denied as the provider failed to append the required modifier of 'FC' as per 134.204(g). By not appending the required modifier 'FC', the provider is able to circumvent the FCE limitations as outlined below."

Response Submitted By: Aetna

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 2, 2018	CPT Code 97750-GP (X8) Physical Performance Testing	$503.44	$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

1. 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 set out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following claim adjustment reason

codes:

- 112-Service not furnished directly to the patient and/or not documented.
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 222-Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific.
- V^)^-Submitted documentation indicates a FCE was performed not a PPE. Please reference Medical Fee Guidelines, Rule 134.202,e,4.
- PNFC-The reimbursement is based on the CMS Physician Fee Schedule Non-Facility site of service rate.
- MT04-Physical Medicine-Chiropractic Services rendered beyond 90 days from DOI.
- 18-Exact duplicate claim/service.
- U301-This item was previously submitted and reviewed with a notification of decision issued to payer, provider (duplicate invoice).

Issues

1. What is the applicable fee guideline?
2. Does the documentation support services were directly furnished to the patient and/or documented?

Findings

1. The applicable fee guideline for 97750-GP is found at 28 Texas Administrative Code §134.203.
2. According to the submitted explanation of benefits the respondent denied reimbursement for the testing based upon "112-Service not furnished directly to the patient and/or not documented."

   On the disputed date of service, the requestor billed for CPT codes 97750-GP.

   The requestor wrote, "The billed time can and does include all time spent with the patient and time spent writing the report."

   28 Texas Administrative Code §134.203(a)(5) states:

   > "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.

   The American Medical Association (AMA) Current Procedural Terminology (CPT) defines 97750 as "Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes." CPT code 97750 "Requires direct one-on-one patient contact."

   Medicare Benefit Policy Manual, 100-02, Chapter 15, titled Covered Medical and Other Health Services, Section 220.3B-Documentation Requirements for Therapy Services, effective October 1, 2015, subsection (A) General states, "

   > To be payable, the medical record and the information on the claim form must consistently and accurately report covered therapy services, as documented in the medical record. Documentation must be legible, relevant and sufficient to justify the services billed. In general, services must be covered therapy services provided according to Medicare requirements. Medicare requires that the services billed be supported by documentation that justifies payment. Documentation must comply with all requirements applicable to Medicare claims.

   Medicare Claims Processing Manual, 100-04, Chapter 5, titled *Part B Outpatient Rehabilitation,* Section 20.2-Reporting of Service Units with HCPCS, effective January 1, 2017, describes the Medicare requirements for counting minutes for timed codes including 97750.

   Medicare's Administrative Contractor Novitas Solutions addresses Timed Codes as "Report the CPT code for the time actually spent in the delivery of the modality requiring constant attendance and therapy services. Pre- and post-delivery services are not to be counted in determining the treatment service time. The time counted is the time the patient is treated."

   Per the CPT code descriptor and Medicare's policies, the documentation must accurately reflect the

time spent performing direct one to one supervision to support billing CPT code 97750. The requestor noted that the time billed included time writing the report. The division finds that the submitted report does not breakdown the amount of time spent performing one on one direct supervision with patient and writing the report. Therefore, the respondent's denial of payment based upon "112" is supported.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that 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	2/6/2019 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.