



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

OCCUFIT-ROBERT ZUNIGA, DC

Respondent Name

TECHNOLOGY INSURANCE CO

MFDR Tracking Number

M4-20-1143-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

JANUARY 6, 2020

REQUESTOR'S POSITION SUMMARY

"I have tried to speak to AM Trust regarding this submission however, I am told just to resubmit. I reconsidered this bill and received the second denial on 2/1/2019."

Disputed Amount: \$264.56

RESPONDENT'S POSITION SUMMARY

"The request for Medical Fee Dispute Resolution was not timely filed pursuant to DWC Rule 133.307(c)."

Response Submitted By: Downs Stanford, PC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 4, 2019	Physical Therapy Services CPT Code 97110-GP(X2)	\$110.00	\$0.00
	Physical Therapy Services CPT Code 97530-GP (X2)	\$120.00	\$0.00
	Physical Therapy Services CPT Code 97112-GP	\$0.00	\$0.00
	Physical Therapy Services CPT Code 97124-GP	\$45.00	\$0.00
TOTAL		\$264.53	\$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 (DWC).

Background

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §102.3, effective April 28, 2005, sets out the general procedures for computation of time.
3. 28 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
4. The services in dispute were reduced / denied by the respondent with the following claim adjustment reason codes:
 - P12-Workers' compensation jurisdictional fee schedule adjustment.
 - 790-This charge was reimbursed in accordance to the Texas medical fee guideline.
 - 16-Claim/service lacks information or has submission/billing error(s).
 - 205-This charge was disallowed as additional information/definition is required to clarify service/supply rendered.
 - 350-Bill has been identified as a request for reconsideration or appeal.
 - W3-In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issue

1. Are the disputed services eligible for medical fee dispute resolution in accordance with 28 Texas Administrative Code §133.307?
2. Did the requestor's documentation support the disputed billed charges?
3. Is the requestor entitled to reimbursement for physical therapy services?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$264.56 for physical therapy services rendered on January 4, 2019.
2. 28 TAC 102.3(a)(3) states, "Due dates and time periods under this Act shall be computed as follows: 3) unless otherwise specified, if the last day of any period is not a working day, the period is extended to include the next day that is a working day."
3. 28 TAC §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the DWC's MFDR Section or waive the right to MFDR. The DWC shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."
4. The DWC reviewed the submitted documentation and finds:
 - The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on January 6, 2020.
 - The disputed date of service is January 4, 2019.
 - The disputed services do not involve issues identified in §133.307(c)(1)(B).
 - One year from January 4, 2019 is January 4, 2020; however, this date falls on a Saturday. Per 28 TAC 102.3(a)(3), because Saturday is not a working day, the period is extended to the next working day that is Monday, January 6, 2020.
 - This dispute was filed with MFDR within the one year deadline required by 28 TAC §133.307(c)(1).
5. The respondent denied reimbursement for the disputed physical therapy services based upon a lack of documentation and/or has submission/billing error(s).
6. The fee guidelines for disputed services is found at 28 TAC §134.203.
7. 28 TAC §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."

8. The disputed services are described as:

- CPT code 97110- “Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility.”
- CPT code 97530 – “Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes.”
- CPT code 97124 – “Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion).”
- CPT code 97112 – “Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.”

The requestor appended the “GP” modifier to all codes. The “GP” modifier is described as “Services delivered under an outpatient physical therapy plan of care.”

9. Medicare Claims Processing Manual Chapter 5, 20.2 (B) -effective March 9, 2018, titled Timed and Untimed Codes, states” Several CPT codes used for therapy modalities, procedures, and tests and measurements specify that the direct (one on one) time spent in patient contact is 15 minutes. Providers report these “timed” procedure codes for services delivered on any single calendar day using CPT codes and the appropriate number of 15 minute units of service.”

10. Medicare Claims Processing Manual Chapter 5, 20.2 (C) -effective March 9, 2018, titled Counting Minutes for Timed Codes in 15 Minute Units states, “Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 220.3B, Documentation Requirements for Therapy Services, indicates that the amount of time for each specific intervention/modality provided to the patient is not required to be documented in the Treatment Note. However, the total number of timed minutes must be documented.”

11. A review of the submitted reports find the requestor’s documentation is missing the total time for the timed procedures to support the number of units billed. The requestor billed for 6 units that equals 90 minutes. A review of the submitted reports does not support 90 minutes of physical therapy; therefore, the respondent’s denial of payment due to a lack of documentation and/or has submission/billing error(s) is supported. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the DWC 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

1/30/2020
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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 DWC. **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.