



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Dallas Doctor's  
Professional Association

**Respondent Name**

AIU Insurance Co

**MFDR Tracking Number**

M4-23-2187-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 4, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 22, 2023	97530x2	\$139.62	\$0.00
<b>Total</b>		\$139.62	\$0.00

### Requestor's Position

"Physical therapy note was and is always mailed out with the original bill. After resubmitting a reconsideration CPT 97530x2 was denied again. I have attached original bills, soap notes, preauth letter and first and second denial EOB for your review."

**Amount in Dispute:** \$139.62

### Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed. We will provide a supplemental response once the bill auditing company has finalized their review."

**Response Submitted by:** Gallagher Bassett

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the billing requirements for physical therapy,

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 119 – Benefit maximum for this time period or occurrence has been reached
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- B12 – Services not documented in patients' medical records

### Issues

1. Is insurance carrier's denial supported?

### Findings

1. The requestor is seeking reimbursement for physical therapy code 97530 rendered on February 22, 2023. The insurance carrier denied the service as not being documented in the patient's medical record.

DWC Rule 28 TAC §134.203 (b)(1) states in pertinent parts, for coding billing, reporting and reimbursement, of professional medical services, Texas workers' compensation system participants shall apply ...Medicare payment policies, including its coding;

Code 97530 is described as, "Therapeutic activities, direct (one-on-one) patient contact. Review of the submitted "Soap" note does not indicate the MA/CA that provided the direct one-on-one contact. The insurance carrier's denial is supported. No additional payment recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that additional reimbursement is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	July 12, 2023 _____ Date
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## Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option three, or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1 \(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).