



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Alice Cost Containmnet

Respondent Name

American Casualty of Reading PA

MFDR Tracking Number

M4-23-2743-01

Carrier's Austin Representative

Box Number 57

DWC Date Received

June 12, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
12/28/2022	97124-GP	\$60.00	\$0.00
Total		\$60.00	\$0.00

Requestor's Position

"We feel the carrier is incorrect in their decision to deny this bill. The office visit was provided on December 28, 2022. The physician requested a medical massage for treatment of the patient's work injury and the procedure took place during the office visit. It is notated on the final page of the narrative medical report... It is the doctor's position that the therapeutic massage was medically necessary, and should be reimbursed."

Amount in Dispute: \$60.00

Respondent's Initial Position

"Regarding CPT code 97124-GP which was billed for Date of Service December 28, 2022, Carrier has forwarded this to our bill review vendor, Conduent, to be reaudited. To date, Carrier has not received a response from the URA regarding this matter. At this time, Carrier maintains any and all denials. Upon receipt of the URA's response, Carrier will supplement."

Respondent's Supplemental Position

"CPT Code 97124 is a time based code. Although the medical records state 'medical massage' it does not state that this was performed for the minimum requirement of 8 minutes that the provider would need to perform it for in order to bill the code... reimbursement is not recommended for the disputed date of service."

Response Submitted by: Law Offices of Brian J. Judis

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 fee guidelines for professional medical services.

Denial Reasons

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

- 5213 – Services are not payable as documentation does not support the services rendered.
- 5211 – Nurse audit has resulted in an adjusted reimbursement.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 252 – The recommended allowance is based on the value for services performed by a licensed non-physician practitioner.
- P12 – Workers' Compensation Jurisdictional Fee Schedule adjustment.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 1014 - The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

Issues

1. Is the insurance carrier's denial reason supported?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor billed CPT code 97124-GP for date of service December 28, 2022. The insurance carrier denied reimbursement based on reason code 5213, "documentation does not support the services rendered."

CPT code 97124 is a time based professional medical service described as "Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) (one or more areas, each 15 minutes)."

Per CMS article [Billing and Coding: Outpatient Physical and Occupational Therapy Services](#), Article ID A56566, Revision Effective date 08/01/2022:

Supportive Documentation Requirements for 97124 are:

- Area(s) being treated
- Objective clinical findings such as measurements of range of motion, description of muscle spasms and effect on function
- Subjective findings including pain ratings, pain location, effect on function

Review of submitted documents finds that the service of CPT code 97124 was not documented in accordance with the aforementioned CMS criteria, on the disputed date of service.

The DWC finds that the insurance carrier's denial reason is supported.

2. Because the insurance carrier's denial of payment was supported, the division finds that the requestor is not entitled to reimbursement.

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 25, 2023

Date

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. 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.

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 electronico CompConnection@tdi.texas.gov.