

**MDR Tracking Number: M5-05-1437-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 01-13-05.

**I. DISPUTE**

Whether there should be reimbursement for CPT code 97140 for dates of service 01-22-04, 01-23-04 and 01-26-04.

**II. FINDINGS**

The medical necessity issues for dates of service 01-13-04, 01-14-04 and 01-15-04 were withdrawn on 03-02-05. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 02-01-05 requesting the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

**III. RATIONALE**

CPT code 97140 dates of service 01-22-04, 01-23-04 and 01-26-04 denied with denial code "D" (payment is denied because this is an identical processed charge. When this code is billed on the same day as manipulation a separate payment will not be allowed ESP when performed to the same BA per CMS Medical review Policies). Since neither party submitted the original EOBs review will be per Rule 134.202. Reimbursement is recommended in the amount of **\$95.19 (\$25.38 X 125% = \$31.73 X 3 DOS)**.

**IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 97140.

**V. ORDER**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 01-22-04, 01-23-04 and 01-26-04 in this dispute.

This Findings and Decision and Order are hereby issued this 8th day of March 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh