



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Elite Healthcare South Dallas

Respondent Name

Liberty Insurance Corp

MFDR Tracking Number

M4-18-4330-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

July 16, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...CPT codes 97140 (manual therapy) and CPT code 97750 (physical performance test) are unrelated codes, therefore, carrier's explanation to deny for the service provided is unreasonable."

Amount in Dispute: \$377.37

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Per NCCI, the procedure code is denied, based on standard of medical, surgical practice. Procedure included in 97140."

Response Submitted by: Liberty Mutual

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 18, 2017	97750	\$377.37	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services,
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - MX60 – Per NCCI, the procedure code is denied, based on standard of medical, surgical practice, procedure is included in 97140

Issues

1. Are the insurance carrier’s reasons for denial or reduction of payment supported?

Findings

1. The requestor is seeking \$377.37 for services rendered on September 18, 2017. The insurance carrier denied disputed services with claim adjustment reason code MX60 – “Per NCCI, the procedure code is denied, based on standard of medical, surgical practice, procedure is included in 97140.”

28 Texas Administrative Code §134.203 (b) states in pertinent part,

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers;

Review of the NCCI Procedure to Procedure edits at www.cms.gov, indicate code 97140 and 97550 are allowed only when a modifier that supports a distinct procedure service. Review of the submitted medical bill found 97750 –GP. The GP modifier does not support a distinct procedure service. The carrier’s denial is supported.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

		August 2, 2018
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §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 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. **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.