

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September 1, 1993 and Commission Rule 133.305 Titled (Request for Medical Dispute Resolution), a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for chiropractic treatment.
- b. The request was received on 9-13-02.

II. EXHIBITS

1. Requestor
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA-1500s
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

III. PARTIES' POSITIONS

1. Requestor:
 - a. "Please be advised that for date of service 1/9/02, the carrier refused to respond to this bill despite the fact that we submitted it several times to their office. To prove that we did in fact submit this bill to their office and that they did in fact receive it, enclosed is my letter dated 5/14/02 in which I requested reconsideration for 10/10/01, 10/15/01, 10/29/01, 11/30/01, and to process the payment for date of service 1/9/02 because he had not received a response for this date of service. Please note that his reconsideration letter was sent to them on May 14, 2002 and that on June 6, 2002 they processed my request but, chose to ONLY respond to date of service 10/10/01 and ignored the other date of

service including date of service 1/9/02. Due to their non-compliance, I do not have an EOB for 1/9/02.”

- b. On 12-31-02, Shelley Lummus verified that date of service 1-9-02 has been paid by the insurance carrier and is not in dispute.

2. Respondent:

“We had never received a bill for 1-9-02. The bill submitted with the TWCC-60 was entered for payment. 9-20-02. Payment issued for 10-15-01 for 95851, 9/20, 10/29/01 remains denied as unnecessary medical. It is not medically necessary to perform this testing only 2 weeks later. Payment issued 9/20 for 95851 for 11-13-01 EOBs are not available at this time.”

IV. FINDINGS

- 1. Based on Commission Rule 133.305(d)(1-2), the only date of service eligible for review is 10-29-01.
- 2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
10-29-01	95851	\$36.00	\$0.00	G	\$36.00	CPT Code Description	On this date the provider also billed 97110, 99090, 99213, 97250, and 97265. 95851 are not global to any of these procedures per MFG. Reimbursement of \$36.00 is recommended.
Totals							The Requestor is entitled to reimbursement in the amount of \$36.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the respondent, Liberty Mutual Insurance Co., to remit \$36.00 plus all accrued interest due at the time of payment to the requestor, Main Rehab and Diagnostics, within 20 days receipt of this order.

This Order is hereby issued this 7th day of January, 2003.
 Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division