



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

|  |   |
|--|---|
| <b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier            |   |
| Requestor's Name and Address:<br>1960 Family Practice<br>837 FM 1960 West, Ste. 108<br>Houston, TX 77090 | MDR Tracking No.: M4-05-0021-01             |
|  | Claim No.:                                  |
|  | Injured Employee's Name:                    |
| Respondent's Name and Address:<br>American Home Assurance Co.<br>C/o Flahive, Ogden & Latson<br>Box 19   | Date of Injury:                             |
|  | Employer's Name: Continental Airlines, Inc. |
|  | Insurance Carrier's No.: 001534078838WC01   |

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor did not submit a position summary; however, the Requestor's Rationale on the Table of Disputed Services states, "This was necessary for pre-surgical clearance."

Principle Documentation:

1. Requestor's Rationale
2. HCFA 1500's
3. EOB's
4. Medical Records

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...It is the Carrier's Position that the charge made the basis of this dispute has processed for reimbursement correctly and that no additional reimbursement is due. The charge with explanation code "F" was reduced on the basis of the Fee Guideline MAR. No additional reimbursement is due the Requestor for the dates of service made the basis of this dispute..."

Principle Documentation:

1. Respondent's position summary
2. EOB's

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

| Date(s) of Service | CPT Code(s) or Description                              | Part V Reference | Additional Amount Due (if any) |
|--------------------|---|------------------|--------------------------------|
| 11/10/03           | 99243 – Office Consultation, new or established patient | 1                | \$149.33                       |
| <b>TOTAL DUE</b>   |   |                  | <b>\$149.33</b>                |

### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

1. CPT Code 99243 for date of service 11/10/03 denied as "F – Fee Guideline MAR Reduction". Per Rule 134.202(b)(c)(1) the Carrier denied as "F" and made no payment. The Requestor submitted medical records to substantiate the level of service billed; therefore, reimbursement in the amount of \$149.33 is recommended.

Therefore it is the conclusion of the Medical Review Division that additional reimbursement in the amount of \$149.33 is due the requestor.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 413.011(a-d)  
28 Texas Administrative Code Sec. 134.202

**PART VII: DIVISION DECISION AND ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is entitled to additional reimbursement in the amount of **\$149.33**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

Marguerite Foster

January 5, 2006

Authorized Signature

Typed Name

Date of Order

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**