



## 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: Integra Specialty Group, P.A. 517 North Carrier Parkway, Suite G Grand Prairie, TX 75050	MDR Tracking No.: M4-05-0653-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Travelers Property & Casualty Rep Box # 05	Date of Injury:
	Employer's Name: Skinner Nurseries Inc.
	Insurance Carrier's No.: 039CBAKG5432

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

Requestor states the codes in dispute are not global.  
 Principle Documentation:

1. Requestor's position statement
2. TWCC-60
3. EOB's
4. HCFA's

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

Requestor states they are still maintaining the denial of the office visits.  
 Principle Documentation: 1. TWCC-60 Response

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
09/17-11/19/03	G,F	99213 –Office Visit	1	\$1456.18
10/08/03	G,F	99214-Office Visit	2	\$00.00
<b>TOTAL DUE</b>				<b>\$1456.18</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 set out reimbursement guidelines.

1. CPT Code 99213 for date(s) of service 09/17,09/19,09/22,09/23,09/24,09/25,09/29,10/01,10/03,10/06,10/10,10/13,10/15,10/24,10/27,10/29,11/07,11/10,11/11,11/14,11/17, 11/19/03, denied with "F & G". Per Rule 134.202(b) and CMS –CCI Edits (Center For Medicare Services Correct Coding Initiative) this code is not considered global to any other CPT Code performed on the same date of service therefore reimbursement in the amount of \$1456.18 ( $\$52.95 \times 125\% = \$66.19 \times 22 \text{ days} = \$1456.18$ ) is recommend.
2. CPT code 99214 for date of service 10/08/03 denied with "F & G". Per Rule 134.202(b) and CMS –CCI Edits (Center For Medicare Services Correct Coding Initiative) this code is considered to be a component procedure of another CPT code which was performed on the same date of service. Therefore reimbursement is not recommended.

**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 \$1456.18.**

Ordered by:

04/14/06

\_\_\_\_\_  
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.**