



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

**Type of Requestor:** (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address:  
Southeast Health Services  
P.O. Box 170336  
Dallas, TX 75217

MDR Tracking No.: M4-05-1236-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:  
Employers General Insurance  
Rep Box # 02

Date of Injury:

Employer's Name: Dalfort Aerospace LP

Insurance Carrier's No.: OR00EG03959001

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

Requestor states that code 99213 was denied as global however that rule only applies to codes 98940-98943 not 99213 when myofacial release is being billed.

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

Respondent requests the Medical Review Division to find that no additional monies are due to the requestor.

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)
10/21/03	G	99213	1	\$66.19
11/04/03	G	99213	2	\$66.19
11/11/03	G	99213	3	\$66.19
<b>TOTAL DUE</b>				<b>\$198.57</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 of service 10/21/03 denied as "G". According to the CMS-CCI Edits (Center For Medicare Correct Coding Initiative) CPT code 99213 is not a component to CPT Code 97140, therefore separate payment for this service is considered justifiable. Per Rule 134.202 (b) reimbursement is recommended in the amount of \$66.19 (\$52.95 x 125% = \$66.19).
2. CPT Code 99213 for date of service 11/04/03 denied as "G". According to the CMS-CCI Edits (Center For Medicare Correct Coding Initiative) CPT code 99213 is not a component to CPT Code 97140, therefore separate payment for this service is considered justifiable. Per Rule 134.202 (b) reimbursement is recommended in the amount of \$66.19 (\$52.95 x 125% = \$66.19).
3. CPT Code 99213 for date of service 11/11/03 denied as "G". According to CMS-CCI Edits (Center For Medicare Correct Coding Initiative) CPT Code 99213 is not a component to CPT Codes 97140, 97032, 97010, therefore payment for this service is recommended in the amount of \$66.19 (\$52.95 x 125% = \$66.19).

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

28 Texas Administrative Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.201  
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 \$198.57.**

Ordered by:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

02/01/06  
\_\_\_\_\_  
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.**