

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC		Response Timely Filed? x Yes () No	
Requestor's Name and Address Southwest Center Medical 7125 Marvin D. Love #107 Dallas, TX 75237		MDR Tracking No.: M4-05-1262-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address Texas Mutual Insurance		Date of Injury:	
		Employer's Name: Dallas Center for the Developmentally Disable	
		Insurance Carrier's No.:	
BOX #: 54			

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
10/31/03	10/31/03	99213	\$66.19	0.00

PART III: REQUESTOR'S POSITION SUMMARY

Requestor's position summary states in part... "Our charge for procedure 99213 was denied by the carrier as a global charge. This is not a correct statement per TWCC, and payment should be paid according to TWCC MFG. We requested for reconsideration and according to USPS Tracking/Confirmation the carrier received on June 17, 2004. To date the carrier has not responded per TWCC..."

PART IV: RESPONDENT'S POSITION SUMMARY

The respondent states in part... "Y- The provider billed for the service on the same day as a physical therapy procedure. Y- Physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day. N- Documentation submitted does not substantiate the service billed. It is the carrier's position that no reimbursement is due for the office visit billed with physical therapy..."

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

A 99213 level office visit per AMA's 2003 CPT book is defined as "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity." The same CPT book defines modifier 25 as "Significant, separately identifiable Evaluation & Management service by the same physician on the same day of the procedure or other service." Per TrailBlazer website, modifier 25 is required for a separately identifiable E/M service when provided on the same date that a diagnostic and/or therapeutic procedure(s) is performed. There was no modifier used by the requestor to substantiate a separate and identifiable service from the physical therapy performed on the same day nor does the documentation submitted by the requestor support at least two of the three key components as defined by the 2003 AMA CPT book.

PART VI: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to reimbursement.

Benita Diaz

May 19, 2005

Authorized Signature

Typed Name

Date

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, 7551 Metro Center Drive, Suite #100, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

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

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____