



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

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|--|------------------------------------|
| Requestor's Name and Address: Integra Specialty Group, P.A. 517 N. Carrier Pkwy. Ste G Grand Prairie, Tx. 75050 | MFDR Tracking #: M4-05-3038-01 |
| | Previous Tracking #: M5-05-0909-01 |
| | DWC Claim #: |
| | Injured Employee: |
| Respondent Name and Box #: AMERICAN PROTECTION INSURANCE | Date of Injury: |
| REP. BOX # 42 | Employer Name: |
| | Insurance Carrier #: 4650140877 |

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "...The carrier has failed to provide any original response EOBs for the date of 12/11/04, 12/23/04, and 12/27/04. And the charge for CPT code 99354 for 12/01/04 was not included on the EOB for that date. Also, the carrier has failed to provide any request for reconsideration response EOBs..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Medical Records

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: Position summary not submitted to MDR.

Principle Documentation:

1. EOB (s)

PART IV: SUMMARY OF FINDINGS

| Date(s) of Service | Denial Code(s) | CPT Code(s) and Calculations | Part V Reference | Amount Due |
|--------------------|----------------|------------------------------|------------------|------------|
| 11-17-03 | F & G | 97124 | 1 & 2 | \$0.00 |
| | F & G | 97750-FC(x 16) | 1, 3, & 8 | \$ 591.04 |
| 11-25-03 | F & G | 97124 | 1 & 2 | \$0.00 |
| | F & G | 97140 | 1 & 4 | \$0.00 |
| 11-26-03 | F & G | 97124 | 1 & 2 | \$0.00 |
| | F & G | 97140 | 1 & 4 | \$0.00 |
| 12-01-03 | F & G | 97124 | 1 & 2 | \$0.00 |
| | F & G | 97140 | 1 & 4 | \$0.00 |

| | | | | |
|-------------------|----------------|---|---|---|
| 12-04-03 | F & G F & G | 97124 97140 | 1 & 2 1 & 4 | \$0.00 \$0.00 |
| 12-11-03 | NO EOB | 97012 97124 97140 99213 | 5 & 8 5 5 5 & 8 | \$18.90 \$0.00 \$0.00 \$66.19 |
| 12-18-03 | F & G F & G | 97124 97140 | 1 & 2 1 & 4 | \$0.00 \$0.00 |
| 12-22-03 | F & G | 97140 | 1 & 4 | \$0.00 |
| 12-23-03 | NO EOB | 97012 97032 (x 2) 97110 (x 4) 97140 99213 | 6 & 8 6 & 8 6, 8, & 9 4 6 & 8 | \$18.90 \$ 41.70 \$143.60 \$0.00 \$ 66.19 |
| 12-27-03 | NO EOB | 99080-73 | 7 | \$15.00 |
| 12-30-03 | F & G | 97140 | 1 & 4 | \$0.00 |
| 12-31-03 | F & G | 97140 | 1 & 4 | \$0.00 |
| 01-08-04 | G | 97140 | 1 & 4 | \$0.00 |
| 01-15-04 | F & G | 97140 | 1 & 4 | \$0.00 |
| Total Due: | | | | \$961.52 |

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

The Requestor withdrew CPT code 97124 for DOS 11-19-03 and CPT code 97032 for DOS 12-22-03. The Requestor submitted an updated Table of Disputed Services on 12-21-04 and that will be used for this review.

1. These services were denied by the Respondent with reason code “F” (Fee Guideline MAR Reduction) and “G.” (Unbundling)
2. This dispute relates to CPT code 97124 for DOS 11-17-03 thru 12-18-03. This code is a component procedure to CPT code 97140 billed on the same day and not separately reimbursable, therefore, per Rule 134.202 (b), payment is not recommended.
3. Upon review of the Amended Explanation of Review submitted by the Respondent, CPT code 97750-FC for DOS 11-17-03 is denied as F & G. After review of all the charges billed on this same day, this F.C.E. CPT code is not global/bundling to any of the physical therapy codes billed, therefore per Rule 134.202 (b) and (c) (1) payment is recommended.
 - 97750-FC: $\$29.55 \times 125\% = \$36.94 \times 16 \text{ units} = \591.04
4. This dispute relates to CPT code 97140 for DOS 11-25-03 thru 1-15-04. This code is a mutually exclusive procedure to CPT code 97012 billed on the same day and not separately reimbursable, therefore per Rule 134.202 (b) payment is not recommended.
5. Neither party submitted an EOB for DOS 12-11-03. The Requestor submitted convincing evidence of Carrier receipt for “Request for EOBs”, therefore in accordance with Rule 133.307 (e) (2) (B) and Rule 134.202 payment is recommended.
 - 97012: $\$15.12 \times 125\% = \18.90
 - 99213: $\$52.95 \times 125\% = \$ 66.19$
 - 97124 & 97140 bundled codes and not reimbursable

6. Neither party submitted an EOB for DOS 12-23-03, therefore per Rule 134.202 and Rule 133.307 (e) (2) (B) payment is recommended.
 - 97012: \$ 15.12 x 125%= \$ 18.90
 - 97032: \$ 16.68 x 125%= \$ 20.85 x 2 units= \$ 41.70
 - 97110: \$ 28.72 x 125%= \$ 35.95 x 4 units= \$ 143.80
 - 99213: \$ 52.95 x 125%= \$ 66.19
 - 97140 is a bundled code & not reimbursable

7. Neither party submitted an EOB for DOS 12-27-03 for CPT code 99080-73, therefore per Rule 133.307 (e) (2) (B) and Rule 129.5 (i) payment is recommended.
 - 99080-73: MAR= \$ 15.00

8. Per review of Box 32 on CMS-1500, zip code 75050 is located in Dallas County.

9. Per Rule 134.202(d), “reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider’s usual and customary charge.”

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. §134.1, §134.202, §133.307, §129.5

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 reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$961.52 plus accrued interest, due within 30 days of receipt of this Order.

ORDER / DECISION:

7/11/07

 Authorized Signature

 Medical Fee Dispute Resolution Officer

 Date

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.