



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:
South Coast Spine & Rehabilitation Center, P.A.
620 Paredes Line Road
Brownsville, Texas 78521

MDR Tracking No.: M4-05-3207-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:
Old Republic Insurance Company
Box 02

Date of Injury:

Employer's Name: RGV Pizza Hut LLC

Insurance Carrier's No.: 0R04EG01980001

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package

POSITION SUMMARY: "The health care provider is the requestor in this Medical Dispute Resolution by an Independent Review Organization and therefore 133.308(c)(1) requirements have been met".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60

POSITION SUMMARY: EGIG requests the Medical Review Division find that the requestor is due no more monies for this date of service. This is a fee reimbursement case. There is no need for an IRO to be appointed.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
09-08-04	99213-25	(1)	\$61.98
09-20-04	99213-25	(1)	\$61.98
09-29-04	99213-25	(1)	\$61.98
09-30-04	99213-25	(1)	\$61.98
10-07-04	99213-25	(1)	\$61.98
	TOTAL		\$309.90

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

(1) CPT code 99213-25 was denied by the carrier as "reimbursement denied as documentation does not meet the criteria for modifier 25 per the CMS Trailblazer modifier overview pg 8 and/or the CCI edits pg 22". Per Ingenix modifier 25 is used to distinguish a "Significant, separately identifiable Evaluation and Management service by the same physician on the same day of the procedure or other service". After review of documentation submitted by the Requestor for each date of service in dispute it is determined that documentation does support the services billed per Rule 133.307(g)(3)(A-F). The Requestor provided one Evaluation and Management service on each date of service in dispute. Review of submitted office notes indicates two (2) office visits were not performed on the same day.

A Compliance and Practices referral will be made as the carrier denied the services in dispute inappropriately. The carrier denied the services with denial code "U", however, in their position statement the carrier states "this is a fee reimbursement case".

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.307(g)(3)(A-F) and 134.202(c)(1)

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 in the amount of \$309.90. 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.

Order by:

Debra Hewitt

04-07-06

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.