



## 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:	MDR Tracking No.: M4-05-4025-01
Nestor Martinez, D.C. 6660 Airline Dr. Houston, TX 77076	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Charter Oak Fire Insurance Company, Box 05	Employer's Name: Apple Glass Company LTD
	Insurance Carrier's No.: 478CBAKZ9675

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

Requestor's Position Summary: "...The carrier responded to the initial presentation of our claims by paying appropriately for some of the CPT Codes... However, the carrier failed to provide EOB's for all dates of services billed."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. CMS-1500's
3. EOB's

1.

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

No DWC-60 response received.

### 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)
4-28-04 – 8-14-04	DUPL or no EOB	CPT code 97110	1, 2, 3, 4	\$00.00
4-28-04 – 8-14-04	DUPL or no EOB	CPT code 97140 (31 units at \$33.90<MAR)	1, 2, 3	\$1,050.90
4-28-04 – 8-14-04	DUPL or no EOB	CPT code 97112 (31 units at \$36.69<MAR)	1, 2, 3	\$1,137.39
4-28-04 – 8-14-04	DUPL or no EOB	CPT code 99211 (25 DOS at \$26.19<MAR)	1, 2, 3	\$654.75
<b>TOTAL DUE</b>				<b>\$2,843.04</b>

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

1. The carrier denied these services as "DUPL" or no EOB's were furnished to the Requestor. The Requestor sent proof of request for reconsideration per Rule 133.304(k). Texas Labor Code 409.021(c) requires a carrier to dispute the compensability of a dispute within 60 days from the date the carrier is notified of the injury.
2. There is convincing evidence of carrier receipt of the provider's request for EOB's in accordance with Rule 133.307(e)(2)(B).
3. The Respondent did not provide a valid basis for the denial of these services; these dates of service will be reviewed in accordance with Rule 134.202.
4. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Division has reviewed the matters in light all of the requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

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

- 28 Texas Administrative Code Sec. §413.011(a-d)
- 28 Texas Administrative Code Sec. §134.100
- 28 Texas Administrative Code Sec. §134.202
- 28 Texas Administrative Code Sec. §133.304(k)
- 28 Texas Administrative Code Sec. §133.307(e)(2)(B)

**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 \$2,843.04. 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

Ordered by:

Donna Auby, Medical Dispute Officer

7-21-06

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.**