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 Downey Chiropractic Clinic 605 E. Palace Pkwy., Ste. A-3 Grand Prairie TX 75050	MDR Tracking No.: M4-05-4652-01 TWCC No.: Injured Employee's Name:
Respondent's Name and Address BOX #: 15 ACE American Ins. Co.	Date of Injury: Employer's Name: HOB LOB Limited Partnership Insurance Carrier's No.: 001429004643WC01

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			
2/18/04	3/22/04	99202, 98940-25, 72040, 72100-26, 97012, 97035, 97140, 97140-25,	$1,944.14	$413.08

PART III: REQUESTOR'S POSITION SUMMARY

The Requestor is seeking reimbursement from services rendered from the date of injury through 3/22/04. "…The Carrier provided a request for reconsideration but the reason for denial given was 'D' for duplicate…"

PART IV: RESPONDENT'S POSITION SUMMARY

Per the Respondent, "…The Carrier maintains that its payment of $451.86 constitutes a usual and customary fee for the services rendered, and that the requestor has failed to establish otherwise…Enclosed you will find EOB's which reflect multiple denials for the same date of service and service rendered…The Carrier stands by its reductions…"

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

- On 2/22/05, MDR received the Requestor's request for additional reimbursement of treatment/services rendered from the date of injury ___ through 3/22/04 to the injured worker.
- After review of the combination of information received from the Requestor and Respondent, the following conclusions have been determined: The Respondent submitted EOB's on the following dates: 4/20/04, 5/17/04 and 7/20/04 for the treatment/services in this dispute. The denials included 'N' – Not documented appropriately, 'F' – 'Included in another billed procedure' and 'Standards of medical/surgical practice,' 'D'- for Duplicate Bill' and 'G'- Mutually exclusive procedures.
- CPT codes denied with 'D' in the first EOB will be reviewed as fee issues, as duplicate does not apply.
- The following is a review of the CPT codes submitted in accordance with Rule 134.202 for additional reimbursement:

	DOS:	CPT Code:	Denial Code / Explanation
1)	2/18/04:	99202	'N'–Documentation submitted did not support this DOS, reimbursement not recommended.
2)	2/19/04:	98940-25	'F'- Paid per MAR, no additional reimbursement recommended.
		72040	'D'- Reimbursement recommended per MAR of **$46.00**.

	72100-26,	'D'- Report received for review, reimbursement recommended per MAR of **$49.94**.
	97012	'D'- Report received for review, reimbursement recommended per MAR of **$19.21**.
	97140 x 2	'F'- Reimbursement not recommended as considered by Medicare to be a component procedure of other codes billed on this same date.
	97035	'N'- SOAP notes or other documentation of treatment was not received for review, therefore reimbursement can not be recommended.
3) 2/23/04:	98940-25,	'F'- Paid per MAR, no additional reimbursement recommended.
	97012	'G'-This CPT code is mutually exclusive to another code that is not being reimbursed, therefore, reimbursement recommended per MAR of **$19.21**.
	97140 x 2	'F'- Reimbursement not recommended as considered by Medicare to be a component procedure of other codes billed on this same date.
	97035 x 2	'N'- SOAP notes document treatment to two body areas, reimbursement recommended per MAR of **$15.84 x 2 units = $31.68**.
4) 2/25/04:	98940-25,	'F'- Paid per MAR, no additional reimbursement recommended.
	97012	'N'- Convincing evidence was submitted to support services rendered, reimbursement recommended per MAR of **$19.21**.
	97140 x 2	'N'- Reimbursement not recommended as considered by Medicare to be a component procedure of other codes billed on this same date.
	97035 x 2	'N'- SOAP notes document treatment to two body areas, reimbursement recommended per MAR of **$15.84 x 2 units = $31.68**.
5) 3/1/04:	98940-25	'F'- Paid per MAR, no additional reimbursement recommended.
	97012	'N', Convincing evidence was submitted to support services rendered, reimbursement recommended per MAR of **$19.21**.
	97140 x 2	'N'- Reimbursement not recommended as considered by Medicare to be a component procedure of other codes billed on this same date.
	97035 x 2	'N'- SOAP notes document treatment to two body areas, reimbursement recommended per MAR of **$15.84 x 2 units = $31.68**.
	E2038-sml	'N'- Convincing evidence was not submitted for review, reimbursement not recommended.
	E2038-lrg	'N'- Convincing evidence was not submitted for review, reimbursement not recommended
6) 3/4/04:	98940-25	'F', Paid per MAR, no additional reimbursement recommended.
	97012	'F', This code is mutually exclusive to another code that is not being reimbursed, therefore, reimbursement recommended per MAR of **$19.21**.
	97140 x 2	'F'- Reimbursement not recommended as considered by Medicare to be a component procedure of other codes billed on this same date.
	97035 x 2	'F'- SOAP notes document treatment to two body areas, reimbursement

recommended per MAR of **$15.84 x 2 units = $31.68**.

7) 3/8/04: 98940-25 'F'- Paid per MAR, no additional reimbursement recommended.
97012 'D'- Convincing evidence was submitted for review, reimbursement recommended per MAR of **$19.21**.
97140 x 2 'G'- Reimbursement not recommended as considered by Medicare to be a component procedure of other codes billed on this same date.
97035 x 2 'F'- EOB dated 4/23/04 shows MAR was reimbursed, no additional reimbursement recommended..

8) 3/11/04: 98940-25 'F'- Paid per MAR, no additional reimbursement recommended.
97012 'D'- Convincing evidence was submitted for review, reimbursement recommended per MAR of **$19.21**.
97140 x 2 'G'- Reimbursement not recommended as considered by Medicare to be a component procedure of other codes billed on this same date.
97035 x 2 'F'- EOB dated 4/23/04 shows MAR was reimbursed, no additional reimbursement recommended.

9) 3/15/04: 98940-25 'F'- Paid per MAR, no additional reimbursement recommended.
97140 'F'- Reimbursement not recommended as considered by Medicare to be a component procedure of other codes billed on this same date.
97035 'F'- EOB dated 5/17/04 shows MAR was reimbursed, no additional reimbursement recommended.

10) 3/17/04: 98940-25 'F'- Paid per MAR, no additional reimbursement recommended.
97140 'F'- Reimbursement not recommended as considered by Medicare to be a component procedure of other codes billed on this same date.
97035 'F'- EOB dated 4/23/04 shows MAR was reimbursed, no additional reimbursement recommended.
97530 'F'- Convincing evidence submitted to support services rendered. Reimbursement recommended per MAR of **$37.58**.

11) 3/22/04: 99213 'F'- Paid per MAR, no additional reimbursement recommended.
98940-25 'F'- Paid per MAR, no additional reimbursement recommended.
97140 'F'- Reimbursement not recommended as considered by Medicare to be a component procedure of other codes billed on this same date.
97035 'F'- EOB dated 4/23/04 shows MAR was reimbursed, no additional reimbursement recommended.
97530 'F'- Convincing evidence submitted to support services rendered, reimbursement recommended per MAR of **$37.58**.

TOTAL DUE: $413.08

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 entitled to additional reimbursement in the amount of $413.08. 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 20-days of receipt of this Order.

Or

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

		7 / 14 / 05
Authorized Signature	Name	Date of Order

PART V: 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, PO Box 17787, 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 in 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 and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____