



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:	MDR Tracking No.: M4-05-4765-01
Dr. Marsha Miller 2306 S. Buckner Dallas, TX 75227	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
American Home Assurance Co. Rep Box #: 19	Employer's Name: Onsite Co., Inc./Aerotek
	Insurance Carrier's No.: YBUC 83246

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary from the Table of Disputed Services: "Mr. Keesee won his CCH, the Order is attached. However, the Insurance company still refused to pay."

Principle Documentation:

1. DWC 60 packet
2. EOB's
3. CMS 1500's
4. CCH Decision

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary from the Table of Disputed Services: "...Did not comply w/ 133.304(k)..."

Principle Documentation:

1. DWC 60 packet
2. EOB's
3. CMS 1500's
4. CCH Decision

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)
08/12/04	J	98941-Chiropractic Manipulation	1	\$46.48
08/12/04, 08/17/04	J	G0283- Electrical Stimulation x 2 DOS	1	\$28.82
08/12/04, 08/17/04, 08/18/04, 08/19/04	J	97012- Mechanical Traction x 4 DOS	1	\$76.84
08/12/04, 08/19/04	J	97010- Hot or Cold packs x 2 DOS	2	\$0.00
08/17/04, 08/18/04, 08/19/04, 10/14/04, 10/19/04, 10/25/04, 11/02/04, 11/04/04	J	98940- Chiropractic Manipulation x 8 DOS	1	\$268.88
08/24/04	J	99354- Prolonged physician service	1	\$123.96
10/15/04, 11/03/04	J	99080-73-DWC Special Report x 2 DOS	1	\$30.00
11/15/04	J	97110-Therapeutic Exercises x 2 units	1	\$73.98
TOTAL DUE				\$648.96

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

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

The Requestor submitted an updated Table of Disputed Services dated, 06/21/06, disputing only the services for DOS on the table above.

The Respondent denied all services in dispute for DOS 08/12/04 through 11/15/04 with "J-Reimbursement is being withheld as the claim has been denied. Please contact the claim handler for additional information."

1. A CCH was held on December 9, 2004. The claim has been adjudicated in favor of the claimant. The Respondent also states that the Requestor was not compliant with DWC Rule 133.304(k), request for reconsideration.
2. Per Rule 133.307(e)(2)(B) the Requestor submitted a copy of a Certified Green Card showing the request for reconsideration was signed for by an agent of the Respondent on December 17, 2004. Therefore, this dispute will be reviewed in accordance with the 2002 MFG and reimbursement is recommend as follows:
 - \$46.48 (\$37.19 x125%) for CPT code 98941 on DOS 08/12/04
 - \$28.82 (\$11.53 x125%=\$14.41 x2) for CPT code G0283 on DOS 08/12/04 and 08/17/04
 - \$76.84 (\$15.37 x125%=\$19.21 x4) for CPT code 97012 on DOS 08/12/04, 08/17/04, 08/18/04 and 08/19/04
 - \$268.88 (\$26.89 x125%=\$33.61 x8) for CPT code 98940 on DOS 08/17/04, 08/18/04, 08/19/04, 10/14/04, 10/19/04, 10/25/0411/02/04 and 11/04/04
 - \$123.96 (\$99.17 x 125%) for CPT code 99354 for DOS 08/24/04
 - \$30.00 (\$15.00 x2) for CPT code 99080 for DOS 10/15/04, 11/03/04
 - \$73.98 (\$29.59 x 125%=\$36.99 x2) for CPT code 97110 for DOS 11/15/04
3. The Requestor billed CPT code 97010 for DOS 08/12/04 and 08/19/04. Per the 2002 MFG Code 97010 is a bundled service code and considered to be an integral part of a therapeutic procedure(s). Reimbursement for code 97010 is included in the reimbursement for the comprehensive therapeutic code. Therefore, payment cannot be recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

- 28 Texas Administrative Code Sec. §413.011(a-d)
- 28 Texas Administrative Code Sec. §134.202
- 28 Texas Administrative Code Sec. §133.307(e)(2)(B)
- 28 Texas Administrative Code Sec. §134.1

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 additional reimbursement **in the amount of \$648.96**, plus all accrued interest due at the time of payment to the Requestor within 30 days receipt of this Order.

Ordered by:

08/29/06

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.