



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Integra Specialty Group, P.A. 517 N. Carrier Pkwy. Ste. G Grand Prairie, Tx. 75050	MFDR Tracking #:	M4-05-5871-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: HARTFORD FIRE INS. CO. REP. BOX # 27	Date of Injury:	
	Employer Name:	
	Insurance Carrier #:	YBUC82414

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "...The Carrier has failed to provide an original response EOB for the date of service of 7/22/04. Also, the Carrier has failed to provide request for reconsideration response EOB's for the dates of service of 7/22/04, 8/24/04, 9/09/04, and 9/22/04...."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "It is Carrier's contention that Integra Specialty Group, PA did not properly request for reconsideration in accordance with Chapter 133.304 (k), regarding dates of service 7/22/04 and 9/9/04...."

Principle Documentation:

1. Response to DWC 60
2. Payment Screens

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
6-17-04	F	95851	3	\$0.00
6-18-04	F	95833	4	\$0.00
6-30-04	F	97140	5	\$0.00
7-07-04	F	95851	3	\$0.00
7-13-04	F	95833	4	\$0.00
7-22-04	NO EOB	97032(x2) 97110(x3) 97140 99213	2 & 6 2 & 6 2 & 6 2 & 6	\$40.40 \$110.97 \$34.13 \$68.24

7-27-04	F	95851	3	\$0.00
8-12-04	F	97140	7	\$0.00
8-24-04	F	97545-WH	8	\$0.00
9-09-04	NO EOB	97545-WH 97546-WH(x6)	2 & 9 2 & 9	\$102.40 \$307.20
9-22-04	F	97545-WH	10	\$0.00
Total Due:				\$663.34

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.

1. These services were denied by the Respondent with reason code “F. (The services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure (s) performed.); (Reimbursement is being withheld as this procedure is considered integral to the primary procedure billed.); (Payment for interdisciplinary programs not accredited by CARF are reduced 20% below the maximum allowed reimbursement for that program, 04/01/96 TX Medical Fee Guideline, Page 36)
2. Per review of Box 32 on CMS-1500, zip code 75050 is located in Dallas County.
3. CPT code 95851 for DOS 6-17-04, 7-7-04, and 7-27-04 (denied by Respondent with “F) is a component procedure to CPT code 99213 billed on this same day and is not separately reimbursable. Per Rule 134.202 (b) payment is not recommended.
4. CPT code 95833 for DOS 6-18-04 and 7-13-04 (denied by Respondent with “F) is a component procedure to CPT code 99213 billed on this same day and is not separately reimbursable. Per Rule 134.202 (b) payment is not recommended.
5. A payment screen submitted by the Respondent for CPT code 97140 for DOS 6-30-04 indicates payment was made in the amount of \$34.13, plus interest. (invoice # 010374019979) Per Rule 134.202 (b) payment is not recommended.
6. Neither Party submitted an EOB for DOS 7-22-04. The Requestor submitted convincing evidence of carrier receipt of ‘Request for Reconsideration’; therefore per Rule 134.202 (b) and (c) (1) and Rule 133.307 (e) (2) (B) payment is recommended.
 - CPT 97032= \$16.16 x 125%=\$20.20(x2)=\$40.40
 - CPT 97110= \$29.59 x 125%=\$36.99 (x3)=\$110.97
 - CPT 97140= \$27.30 x 125%=\$34.13
 - CPT 99213= \$54.59 x 125%=\$68.24
7. A payment screen submitted by the Respondent for CPT code 97140 for DOS 8-12-04 indicates payment was made in the amount of \$34.13, plus interest. (invoice # 010374020781) Per Rule 134.202 (b) payment is not recommended.
8. A payment screen submitted by the Respondent for CPT code 97545-WH for DOS 8-24-04 indicates an additional payment of \$51.20 was made. (invoice # not noted/previous typo keyed in by Respondent of 97546-WH) Per Rule 134.202 (b) payment is not recommended.
9. Neither Party submitted an EOB for DOS 9-9-04. The Requestor submitted convincing evidence of carrier receipt of ‘Request for Reconsideration; therefore per Rule 134.202 (b) and (c) (1) and Rule 133.307 (e) (2) (B) payment is recommended. Per Rule 134.202 any Return to Work program that is not CARF affiliated is reimbursed at 20% below the MAR.

- CPT 97545-WH=\$64.00 x 80%=\$51.20 (initial 2 hrs.)
- CPT 97546-WH=\$64.00 x 80%=\$51.20 (x 6 hrs.)

10. A payment screen submitted by the Respondent for CPT code 97545-WH for DOS 9-22-04 indicates a payment of \$102.40 was made. (Invoice # not noted.) The Respondent initially keyed incorrect CPT code of 97454-WH. Per Rule 134.202 (b) payment is not recommended.

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

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 \$663.34 plus accrued interest, due within 30 days of receipt of this Order.

ORDER / DECISION:

7/17/07

 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.