



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 #: M4-05-6966-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: ZURICH AMERICAN INS. CO. REP. BOX # 19	Date of Injury:
	Employer Name:
	Insurance Carrier #: 2720059947-001

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "...The Carrier failed to provide original response EOB for the date of service 9/17/04. Also, the Carrier failed to provide any request for reconsideration EOBs for the outstanding dates of service...."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...Attached is the completed TWCC-60. Attached also are the relevant EOBs. In reference to the global denial of 95851, this is subject to CCI edit, ccigrpllv102 at line 27552. Carrier has review its records and maintains that it has no record of receiving the bill for 9/17/04 originally or with the request for reconsideration...."

Principle Documentation:

1. Response to DWC 60
2. EOB's

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
9/17/04	NO EOB	97032 (x 2)	1 & 3	\$40.40
		97140	1 & 3	\$34.13
		99213	1 & 3	\$68.24
9/22/04	F	95851	1 & 4	\$26.40
9/24/04	G	95831	2 & 5	\$0.00
		97140	2 & 5	\$0.00
10/19/04	G	95851	2 & 6	\$0.00
Total Due:				\$169.17

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. Per review of attached medical records, zip code 75050 is located in Dallas County.
2. Denial/reduction codes used were F” (Fee Guidelines MAR Reduction) and G” (Unbundling).
3. Neither the Requestor nor the Respondent submitted EOBs for DOS 9-17-04, therefore, review will be per Rule 134.202. Reimbursement is recommended per Rule 134.202 (c) (1).
 - CPT code 97032: \$16.16 x 125%= \$20.20
 - CPT code 97140: \$27.30 x 125%=\$34.13
 - CPT code 99213: \$54.59 x 125%=\$68.24
4. The Requestor billed for 2 units of CPT code 95851 for DOS 9/22/04. The Respondent reimbursed only 1 unit citing reduction code F”, therefore per Rule 134.202 (b) and (c) (1) additional reimbursement is recommended for 1 unit.
 - CPT code 95851: \$21.12 x 125%= \$26.40
5. CPT code 95831 for DOS 9/24/04 was denied with the G” reduction code. Per Rule 134.202 (b) CPT code 95831 is a component procedure to CPT code 99213 billed on this same day and is not separately reimbursable. CPT code 97140 for DOS 9/24/04 was denied with the “G reduction code. Per Rule 134.202 (b) CPT code 97140 is a component procedure to CPT code 95831 billed on this same day and is not separately reimbursable.
6. CPT code 95851 for DOS 10/19/04 was denied with the “G reduction code. Per Rule 134.202 (b) CPT code 95851 is a component procedure to CPT code 99213 billed on this same day and is not separately reimbursable.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202

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 \$169.17 plus accrued interest, due within 30 days of receipt of this Order.

ORDER / DECISION:

7-2-07

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 prefriere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.