



## 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.: M4-05-8081-01
South Coast Spine & Rehab 620 Paredes Line Rd. Brownsville, Texas 78521	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Brownsville ISD Rep Box #29	Employer's Name: Brownsville ISD
	Insurance Carrier's No.: 04121139

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

Principle Documentation: 1. DWC-60 Dispute Packet received on 5/10/05.  
 Position Summary: The Requestor's position summary includes in part, "...South Coast Spine and Rehabilitation, P.A. (the Requestor) and Tristar Risk Management were unable to agree on issues that fall under the jurisdiction of the 'Medical Review Division'."

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

Principle Documentation: 1. DWC-60  
 Position Summary: The Carrier did not submit a position summary.

### 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)
12/15/04	No EOBs	99212	1	\$00.00
<b>TOTAL DUE</b>				<b>\$00.00</b>

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

- The Requestor previously billed on 12/20/05, for CPT code 99455-WP-V3 for date of service 12/15/04 for \$300.00; however, did not include the amount for the Level III Office Visit. Neither the Requestor nor the Carrier provided EOBs and according to the Requestor paid \$-0-. The Requestor filed for Medical Dispute Resolution, Tracking # M4-05-6166-01. By request of the Division, the Carrier submitted a copy of the re-audit EOB dated 6/28/05 and recommended payment. The Carrier issued payment on 7/05/05, check #309852 for \$300.00 for CPT code 99455-WP-V3. On 1/04/05, the Requestor billed the Carrier for CPT code 99212, Level II Office Visit, for date of service 12/15/05. The diagnosis codes on both CMS-1500s were the same, 844 Sprain and Strain of Knee and Leg and 836.0 Tear of Medial. Per Rule 134.202(e)(6)(C)(i)(I)(II), CPT code 99455-WP-V3 includes the office visit. Rule 134.202(d)(1-3) states, "(d) In all cases, reimbursement shall be the least of the; (1) MAR amount as established by this rule; (2) health care provider's usual and customary charge; or (3) health care provider's workers' compensation negotiated and/or contracted amount that applies to the billed service(s)." The Provider's usual and customary charge was \$300.00 for which the Carrier issued payment; therefore, reimbursement is not recommended for CPT code 99212.

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

28 Texas Administrative Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.202; 134.202(e)(6)(C)(i)(I)(II), 134.202(d)(1-3)

**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 not** entitled to reimbursement.

Ordered by:

Pat DeVries

4/20/06

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.**