Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

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: Dr. Pedro Nosnik, M.D., P.A. 4100 W. 15th. Street Suite # 206 Plano, TX 75093	MDR Tracking No.:	M4-05-8369-01
	Claim No.:	
	Injured Employee's Name:	
Respondent's Name: Texas Mutual Insurance Company Rep Box # 54	Date of Injury:	
	Employer's Name:	Hull Associates LLC
	Insurance Carrier's No.:	9500000160330

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "…I am requesting full payment for this claim. TWCC Medical Dispute Resolution Officer's basis it's Findings & Decision on the original denial posted on the EOB. The posted denial states "Global". Please review again for reconsideration; this was a conversation between the neurosurgeon and Dr. Nosnik. This service also meets the requirements of (Subchapter – G, Labor Code Section 408.021)…"

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "…It is this carriers position that no reimbursement was due for code 99372 based on the bundled status assigned to code 99372…"

Principle Documentation: 1. Response to DWC 60

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)
12/06/04	284	99372-Telephone Call	1	$21.00
TOTAL DUE				$21.00

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

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

1. CPT Code 99372 for date of service 12/06/04 denied with "284- No allowance recommended as this procedure indicates a status "B" The Requestor submitted a copy of the faxed confirmation to obtain the reconsideration EOB but there was no response. Per Rule 134.202 (c) (6) states; "For products or services for which CMS (Center For Medicare Services) or the commission does not establish a relative value unit and/or a payment amount the carrier shall assign a relative value, which may be based in nationally recognized published relative studies, published commission medical dispute decisions, and values assigned for services involving similar work and resource commitments". Per the 1996 MFG the MAR for CPT Code 99372 is $21.00, therefore reimbursement in the amount of $21.00 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202
96 Medical Fee Guideline

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 **$**21.00. 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 30-days of receipt of this Order.

reimbursement.

Decision by:

Authorized Signature	Typed Name	10/20/2006 Date of Decision

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.