



## 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: South Coast Spine and Rehabilitation, P.A. 620 Paredes Line Rd Brownsville, TX 78521	MDR Tracking No.: M4-05-9161-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Travelers Property and Casualty Company Rep Box #05	Date of Injury:
	Employer's Name: Unitrin Inc.
	Insurance Carrier's No.: 234CBABG2086

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

Principle Documentation:

1. Requestor's position statement
2. Form 60
3. EOB's
4. CMS 1500 Forms

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

Principle Documentation: 1. Position Statement: "We need to stand on the denial of the office visit. The bill was audited based on global based on the medical treatment guideline. She had undergone therapeutic exercises and massages. This procedure falls under physical therapy category and is billed and audited under global..."

### 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)
03/24/05, 3/28, 3/30, 4/4, 4/6, 4/7, 4/11, 4/13, & 4/14/05.	G	99213	1	\$61.89
<b>TOTAL DUE</b>				<b>\$557.01</b>

### 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.

1. All office visits were denied as global. Per Rule 133.304 (c)... "At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier...shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s). A generic statement that simply states a conclusion...does not satisfy the requirements of this section..." The insurance carrier did not identify a specific service the office visits are global to. Furthermore, the requestor has submitted redacted EOBs showing reimbursements of office visits along with physical therapy. The MAR for 99213 is \$49.51 x 125% = \$61.89 x 9 dates of service. The requestor is entitled to \$557.01.

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

28 Texas Administrative Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §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 additional reimbursement **in the amount of \$557.01.**

Ordered by:

Benita Diaz

\_\_\_\_\_  
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.**