



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: South Coast Spine & Rehabilitation, P.A. 620 Paredes Line Rd. Brownsville TX 78521	MDR Tracking No.:	M4-05-9565-01
	Claim No.:	
	Injured Employee's Name:	
Respondent's Name and Address: AAA Cooper Transportation Rep Box #: 22	Date of Injury:	
	Employer's Name:	AAA Cooper Transportation
	Insurance Carrier's No.:	023050000283690001

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: 1. TWCC-60
2. EOB and CMS-1500
3. Documentation for services rendered

A 'Position Summary' was not submitted to MDR with the dispute.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: 1. Respondent's response to MDR.

Position Summary: "...This case involves DOS 2/4/05...Carrier denied payment because the billed services were mutually exclusive of another service billed on that same date..."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due
2/4/05	F/G UJ3-ZBZ	97750-FC Functional Capacity Evaluation	1.	\$00.00
TOTAL DUE				\$00.00

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.

(MDR = Medical Dispute Resolution, DOS = Date(s) of Service, EOB = Explanation of Benefits)

1. This dispute is related to lack of reimbursement for a Functional Capacity Evaluation (FCE/service. The Requestor marked on the 'Table of Disputed Services, the testing was provided on DOS 2/4/05.

- Per the CMS-1500, the CPT code billed was 97750-FC. The modifier 'FC' is used on billing, according to Rule 134.202 (e)(4), for Functional Capacity Evaluations. The Requestor billed \$447.00. The Respondent reimbursed \$00.00.
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- Only one EOB/denial was located in the documentation presented for review. The denials were defined: “UJ3 – This procedure is mutually exclusive to another procedure on the same date of service. By clinical practice standards, this procedure should not be billed in the same treatment period.” “ZBZ – Functional Capacity.” A ‘request for reconsideration’ is not documented in the documentation received for review.
- The report/documentation presented for review, for this disputed DOS 2/4/05, was an “Impairment Rating.” A Function Capacity Evaluation was not found for this DOS. Other multiple DOS of documentation /reports/diagnostic testing were presented for review for this one disputed DOS. Examples included the following: SOAP and progress notes, multiple Work Status Reports, FCE dated 1/5/05, Lumbar MRI dated 10/11/04 and a designated doctor -MMI report dated 2/8/05. Noted within the designated doctor’s report, on page 2 of 5 he documented that “On January 5, 2005, a functional capacity evaluation was performed. It was stated that Mr. Jones did not meet the requirements of his employer and a work hardening program was recommended. According to Mr. Jones, he underwent a work hardening program and completed this on February 4, 2005...” Again, a FCE was not presented for review for DOS 2/4/05, one was in the documentation dated 1/5/05. The documentation for DOS 2/4/05 was an MMI rating.
- Per Rule 134.202 (e)(4), billing and reimbursement for FCE’s is explained with the modifier and in accordance with subsection (c)(1) and ‘Documentation is required.’ Reimbursement for MMI and/or Impairment Rating examinations are explained in Rule 134.202 (e)(6).
- The CPT code billed according to the CMS-1500 was not supported with documentation to substantiate reimbursement for the services rendered according to Rule 134.202 (e), or 133.304 (K) and (M) therefore reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec.§ 413.011(a-d)
 28 Texas Administrative Code Sec. §134.202 (e), 133.304 (K)(M)

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 additional reimbursement.

Ordered by:

4 / 21 / 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.