



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

**Type of Requestor:** (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestors Name and Address:  
Dr. Richard Taylor  
1920 South Loop 256  
Palestine, Texas 75801

MDR Tracking No.: M4-05-9912-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:  
State Office of Risk Management

Date of Injury:

Employer's Name: State of Texas

Rep Box # 45

Insurance Carrier's No.: WC1997733

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

The Requestor's Position Summary as indicated on the Table of Disputed Services states, "Claim denied times two for lack of documentation. The notes that are attached supports the service of 99214."

- Principle Documentation:
1. DWC 60 package
  2. CMS 1500s
  3. EOBs
  4. Medical Records

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

The Respondent's Position Summary as indicated on the Table of Disputed Services states, "...The Office will maintain denial of the charge in dispute based on insufficient documentation to support a presenting problem of moderate to high severity."

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)
09/17/04	F, N/ 105, 130, O	99214 (Office Visit, Established Patient)	1-2	\$96.91
TOTAL DUE				\$96.91

### 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.

The Requestor's representative submitted an updated Table of Disputed Services on 11/21/06 indicating that the only remaining disputed CPT code is 99214 for date of service 09/17/04.

1. This dispute relates to CPT code 99214 (office visit, established patient) for date of service 09/17/04 and was denied as "F—Fee Guideline MAR reduction, N—Not appropriately documented, 105—Additional information needed to review charges, 130—Services unsubstantiated by documentation and O—Denial after reconsideration".
2. The Respondent reimbursed the Requestor \$00.00. The CPT code descriptor for 99214 (office visit) requires at least two of these three key components: detailed history, detailed examination, medical decision making of

moderate complexity, 25 minutes face-to-face with the patient. The documentation submitted supports the level of service billed, which included the detailed exam and medical decision making of moderate complexity. Therefore, per Rule 134.202(c)(1), reimbursement in the amount of \$96.91 (\$77.53 x 125%) is recommended.

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

Texas Labor Code, Section §413.011(a-d)  
28 Texas Administrative Code Sec. §134.1  
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 reimbursement in the amount of \$96.91 plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

11/21/06

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