**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:<br>Eric A. VanderWerff, D.C.<br>615 N. O'Connor Road, Suite 12<br>Irving, Texas 75061 | MDR Tracking No.: M4-05-A324-01<br>Claim No.:<br>Injured Employee's Name: |
| Respondent's Name:<br>Albertsons Inc<br>Rep Box # 19 | Date of Injury:<br>Employer's Name: Albertsons Inc.<br>Insurance Carrier's No.: YGU30776 C |

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

Requestor's Position Summary: "You have incorrectly (unreasonably) denied/reduced these services which is a violation of the Texas Labor Code."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. Explanation of Benefits

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

Respondent's Position Summary: "This is a fee dispute involving retrospective medical necessity."

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) |
|---|---|---|---|---|
| 01-24-05, 01-26-05 01-27-05, 02-03-05, 02-07-05, 02-9-05, 02-10-05, 02-14-05, 02-16-05 and 02-21-05 | G | 97140-59 | (1-5) | $341.60 |
| TOTAL DUE | | | | $341.60 |

## 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) The services in dispute were denied by the Respondent with denial code "G" (global).
(2) The Requestor billed two units for each date of service in dispute and the Respondent has reimbursed for one unit for each date of service for a total of $341.60. The dispute will be reviewed by Medical Dispute Resolution as a fee dispute.
(3) Per Rule 134.202 CPT code 97140 billed for the dates of service in dispute is mutually exclusive to CPT code 97150 also billed for the dates of service in dispute.
(4) An appropriate modifier is allowed in order to differentiate between the services and separate payment is justifiable if an appropriate modifier is billed.
(5) The Requestor billed with an appropriate modifier, therefore, additional payment per Rule 134.202(c)(1) is allowed in the amount listed above.

On 10-26-06 the Requestor withdrew CPT code 98941 billed for date of service 12-15-04 and CPT code 98943 billed for date of service 12-21-04. These codes will not be a part of the review.

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

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

**PART VII: DIVISION FINDINGS 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 **$341.60.** The Division hereby **ORDERS** the Respondent 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.

**Order by:**

| | | 11-01-06 |
|---|---|---|
| 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.**