



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: Eric A. VanderWerff, D.C. 615 N. O'Connor Road, Suite # 12 Irving, Texas 75061	MDR Tracking No.: M4-05-A364-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Employers Mutual Casualty Company Rep Box # 19	Date of Injury:
	Employer's Name: Baker Drywall Company Inc.
	Insurance Carrier's No.: IW4A00045

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: "Since the claim(s) in question were received by your organization 45 days ago, we are requesting the following actions be taken: 1. Immediate payment for the covered services ...2. Interest of those treatments and services..."

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: "Carrier denied reimbursement for CPT codes 97140 and 97112 as they are mutually exclusive to other procedures performed on the same dates of service...The provider has not proven the reasonableness or necessity of the procedures."

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)
07-14-04 to 09-27-04	F, 435	97140-59 (1 unit @ \$34.13 X 2 units X 25 DOS)	(1-4 & 6)	\$1,706.50
07-14-04 to 09-27-04	F, 435	97112	(1-3, 5 & 6)	\$0.00
TOTAL DUE				\$1,706.50

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 Respondent denied the services in dispute with denial code "F" (Fee Schedule MAR Reduction) and "435" (The value of this procedure is included in the value of the comprehensive procedure).
- (2) Per Rule 134.202 CPT codes 97140 and 97112 are a component procedure of CPT code 98941 billed for the dates of service in dispute.
- (3) A modifier is allowed to differentiate between the services provided and payment may be considered if a modifier is billed appropriately.
- (4) The Requestor billed with an appropriate modifier. Reimbursement is recommended in the amount listed above.
- (5) The Requestor did not bill with an appropriate modifier. No reimbursement is recommended.

(6) The Respondent's position statement raised the issue of medical necessity. Per Rule 133.307(j)(2) ... "Responses shall not address new or additional denial reasons or defenses after the filing of an request. Any new denial reasons or defenses raised shall not be considered in 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(c)(1) and 133.307(j)(2)

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 **\$1,706.50**. 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:

12/4/06

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.