



## 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: Eric A. VanderWerff, D.C. 615 N. O'Connor Road, Suite 12 Irving, Texas 75061	MDR Tracking No.: M4-05-A592-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Protective Insurance Company Rep Box # 17	Date of Injury:
	Employer's Name: Yellow Transportation Inc
	Insurance Carrier's No.: 001033051022WC01

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

Requestor's Position Summary: Per the Table of Disputed Services "Service was never paid."  
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: No position summary was submitted by the Respondent to MDR.  
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)
01-10-05, 01-12-05, 01-17-05, 01-27-05, 02-07-05, 02-08-05, 02-17-05, 02-28-05, 03-08-05, 03-10-05, 03-14-05, 03-24-05, 03-31-05, 04-04-05 and 04-06-05	W1/W1	97150 (1 unit @ \$22.49 X 15 DOS)	(1-4 & 13-14)	\$337.35
02-14-05	W1/97	97150 (1 unit @ \$22.49)	(2, 4, 5 & 13 & 14)	\$22.49
02-14-05	97/97	97112	(6-9 & 13)	\$0.00
02-14-05	W1/97	97140-59 (1 unit @ \$34.16 X 2 units)	(8 & 10-13)	\$68.32
<b>TOTAL DUE</b>				<b>\$428.16</b>

### 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) CPT code 97150 billed for the dates of service disputed was denied by the Respondent with denial code "W1/W1" (included in another billed procedure/procedure billing restricted/See Medicare LCD and services have been previously paid).
- (2) Per Rule 134.202 CPT code 97150 is not global to other CPT codes billed for the dates of service in dispute.
- (3) The Requestor was contacted via telephone on 10-26-06 and verification was made that the Respondent had not reimbursed the services in dispute.

- (4) Reimbursement is recommended per Rule 134.202(c)(1) in the amount listed above.
- (5) CPT code 97150 billed for date of service 02-14-05 was denied by the Respondent with denial codes “W1/97” (“W1/W1” (included in another billed procedure/procedure billing restricted/See Medicare LCD and charge included in another charge or service).
- (6) CPT code 97112 billed for date of service 02-14-05 was denied by the Respondent with denial codes “97/97” (charge included in another charge or service).
- (7) Per Rule 134.202 CPT code 97112 is mutually exclusive to CPT code 97150 billed on the date of service in dispute.
- (8) A modifier is allowed to differentiate between the services and separate payment is justifiable if a modifier is used appropriately.
- (9) The Requestor did not bill with a modifier, therefore, no reimbursement is recommended.
- (10) CPT code 97140-59 billed for date of service 02-14-05 was denied by the Respondent with denial codes “W1/97” (“W1/W1” (included in another billed procedure/procedure billing restricted/See Medicare LCD and charge included in another charge or service).
- (11) Per Rule 134.202 CPT code 97140 is mutually exclusive to CPT code 97150 billed on the date of service in dispute.
- (12) The Requestor billed with an appropriate modifier, therefore, reimbursement per Rule 134.202(c)(1) is recommended in the amount listed above.
- (13) The Respondent submitted a copy of a Peer Review dated 01-14-05 regarding the medical necessity of continued chiropractic and physical therapy. Due to the date of the Peer Review being prior to the dates of service in dispute the review would constitute a prospective review rather than a retrospective review. Therefore medical necessity is not an issue.
- (14) CPT code 97150 is not a timed code. Reimbursement is only one unit per session and not reimbursable in multiple units.

**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 and 134.202(c)(1)

**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 **\$428.16**. 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.**