



Texas Department of Insurance, Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Table with 2 columns: Requestor's Name and Address, Respondent Name and Box #, and various tracking/claim numbers (MFDR Tracking #, DWC Claim #, Injured Employee, Date of Injury, Employer Name, Insurance Carrier #).

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Requestor has not submitted a Position Summary; however, the Requestor's rationale on the Table of Disputed Services states, "Not paid fair/unreasonable." Principle Documentation: 1. DWC 60 package, 2. CMS 1500(s), 3. EOB(s)

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Codes 72275 is a component of code 62310 per Medicare's National Correct Initiative (CCI) Edits." Principle Documentation: 1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Table with 5 columns: Date(s) of Service, Denial Code(s), CPT Code(s) and Calculations, Part V Reference, Amount Due. Includes a Total Due row.

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled, Reimbursement Policies and Guidelines, and Division Rule 134.202 titled, Medical Fee Guideline effective August 1, 2003, set out the reimbursement guidelines. On 05/08/07, the Requestor withdrew CPT Code 99499 listed on the Table of Disputed Services; therefore, this CPT code will not be a part of this review. 1. These services were denied by the Respondent with reason code "62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization, 930 - Pre-authorization required, reimbursement denied" and "W4 - No additional reimbursement allowed after review of appeal/reconsideration, 97 - Payment is included in the allowance for another service/procedure, W1 - Workers Compensation State Fee Schedule adjustment, 891 - The insurance company is reducing or denying payment after reconsidering a bill, 435 - Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure, 790 - This charge was reduced in accordance to the Texas Medical Fee Guideline."

2. Per Rule 134.600, the service in dispute does not require pre-authorization.
3. Per Rule 134.202(b), CPT code 72275 is considered to be a component procedure of CPT code 62310; however, a modifier is allowed to differentiate between the services provided. The Requestor's CMS-1500 supports that this code was billed with a modifier -59; therefore, per Rule 134.202(c)(1) reimbursement is recommended.
4. Per review of Box 32 on CMS-1500, zip code 78240 is located in Bexar County.

A Legal & Compliance referral will be made against the Respondent for violation of Rule 134.600.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. §134.1, §134.202, §134.600

PART VII: DIVISION DECISION AND/OR 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. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$98.71 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

		06/15/07
_____ Authorized Signature	_____ Medical Fee Dispute Resolution Officer	_____ Date

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.