



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestors Name and Address: John A. Sazy, M.D. 431 Omega Drive # 104 Arlington, TX 76014	MDR Tracking No.: M4-05-A818-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Texas Mutual Insurance Company Rep Box # 54	Date of Injury:
	Employer's Name: Carter Blood Care
	Insurance Carrier's No.: 940526891003

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

Requestor did not submit a position summary but the Table Of Disputed Services Rationale states in part, "... This CPT code is payable per TWCC Fee Guideline for physicians peer review conference between two physicians re. patient..."

Principle Documentation: 1. DWC 60 package  
2. CMS 1500's  
3. EOBs

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

Respondent's Position Summary states in part, "...Regarding code 99371 for each date of service, it is this carriers position that based on the bundled status assigned to this code, no reimbursement is due..."

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)
12/30/04	W4,97, 284,891	99371-Telephone Call	1	\$11.00
<b>TOTAL DUE</b>				<b>\$11.00</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.

- CPT Code 99.371 for date of service 12/30/04 denied with "W4- No additional reimbursement allowed after review of appeal/reconsideration", "97-Payment is included in the allowance for another service/procedure", "284-No allowance was recommended as this procedure indicates a status B (Bundled) based on Medicare", "891- The insurance company is reducing or denying payment after reconsidering a bill". The reconsideration EOB was denied with "284". Per Rule 134.202 (c) (6) states; "For products or services for which CMS (Center For Medicare Services) or the commission does not establish a relative value unit and/or a payment amount the carrier shall assign a relative value, which may be based in nationally recognized published relative studies, published commission medical dispute decisions, and values assigned for services involving similar work and resource commitments". Per the 1996 MFG the MAR for CPT Code 99371 is \$11.00, therefore reimbursement in the amount of \$21.00 is recommended.

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

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

**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 additional reimbursement in the amount of \$11.00. The Division hereby **ORDERS** the insurance carrier 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.

Decision by:

10/20/2006

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date of Decision

**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.**