



## 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: Edward F. Wolski, M. D./Wol+Med 2436 I-35 E. South, Suite 336 Denton, Texas 76205	MDR Tracking No.: M4-05-B140-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Home Assurance Company	Date of Injury:
	Employer's Name: Wal-Mart Stores, Inc.
Rep Box # 19	Insurance Carrier's No.: C3282413

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

The Requestor's Position Summary states in part, "...The carrier failed to respond to our initial billing for this date of service. I have included proof the carrier received our initial billing over 45 days ago. We feel the carrier failed to comply with Rule 133.304. Medical Payment and Denials...The carrier failed to respond to our request for reconsideration. This is a violation of rule 133.304...We feel we should be reimbursed with interest..."

- Principle Documentation:
1. DWC 60 package
  2. CMS 1500s
  3. Medical Records

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

The Respondent's Position Summary states in part, "...No additional payment was recommended towards the amount in dispute. The documentation submitted is not sufficient to support the level of service billed..."

- Principle Documentation:
1. Response to DWC 60
  2. CMS 1500s
  3. EOBs
  4. Medical Records

### 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)
09/16/04	271	99243	1-2	\$00.00
<b>TOTAL DUE</b>				<b>\$00.00</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.

1. This dispute relates to CPT code 99243 for date of service 09/16/04 and was denied as "271—Potential code change: documentation does not support billed code. Please return bill & EOR with documentation to support this charge".
2. The Respondent reimbursed the Requestor \$00.00. The CPT code descriptor for 99243 requires at least two of these three key components: detailed history, detailed examination, medical decision making of low complexity, 40

minutes face-to-face with the patient. The documentation submitted does not support the level of service billed based upon amount of time spent with patient. Therefore, per Rule 134.202(b), reimbursement is not recommended.

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

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

**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 not entitled to reimbursement.

Decision by:

11/17/06

\_\_\_\_\_  
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.**