



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: Integra Specialty Group, PA 517 North Carrier Parkway, Ste. G Grand Prairie, TX 75050	MDR Tracking No.: M4-05-B217-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Travelers Casualty & Surety Co. Rep. Box # 05	Date of Injury:
	Employer's Name: Forever Living Products International
	Insurance Carrier's No.: 039CBAHT5567

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary as listed on the Table of Disputed Services: "Not Global; No EOB Received."
Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. Explanation of Benefits (EOBs)
4. Medical Reports

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...All office visits denied as 'global' were billed along with the CPT code 97140...We are sustaining the denial of office visits billed with therapy without using the modifier '-25'....In regards to services billed for date of service 11/18/04, the carrier never received a bill from the provider for services performed on this date...I have now processed the bill that was included with the TWCC60 for date of service 11/18/04."
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)
11-16-04 11-23-04 12-18-04 12-28-04 3-17-05 3-24-05	97	99213	1-8	\$477.68
11-18-04	No EOB	99213		
		97110 (3)	1-6, 9	\$110.97
		97140	1-6, 10	\$34.13
TOTAL DUE				\$622.78

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 procedures/services that were billed under CPT codes 99213, 97710 and 97140 that were denied/reduced reimbursement by the insurance carrier based upon: "97 – Payment is included in the allowance for another service/procedures is considered integral to the primary procedure billed." The Requestor did not submit an EOB for disputed date of service 11-18-04.

2. The Requestor complied with Rule 133.304 by submitting medical bills for reconsideration.
3. The Respondent did not comply with Rule 133.307(e)(3) by submitting the missing EOBs. The Requestor submitted convincing evidence, a signed certified green card mailed to Travelers Property and Casualty Insurance date stamped 7-7-05, to support position that CMS-1500s were submitted for audit, the Medical Dispute Resolution Division will review these services per *Medical Fee Guideline (MFG)*.
4. The Requestor submitted an updated table to the Division on December 8, 2006. CPT code 97750 was no longer in dispute.
5. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 8-8-05.
6. Based on Division Rule 133.307(d)(1-2), the only dates of service eligible for review are those commencing on 11-16-04 and extending through 3-24-05.
7. Per Rule 134.202(b), CPT code 99213 is not global to any service rendered on the disputed dates; therefore, reimbursement per MFG is recommended.
8. Per CMS-1500, the zip code 75320 is located in Dallas County. The MFG MAR for CPT code 99213 in Dallas County for the year 2004 is \$68.24. This amount times 5 dates = \$341.20. In addition, the Requestor billed for 2 dates in 2005. The MAR for CPT code 99213 in 2005 is \$68.32 or less per Rule 134.202(d)(2). Per the Table of Disputed services, the Requestor is seeking medical dispute resolution for \$68.24 X 2 dates = \$136.48, this amount is recommended.
9. Per Rule 134.202(c), the MAR for CPT code 97110 in Dallas County is \$36.99. This amount times 3 units = \$110.97.
10. Per Rule 134.202(c), the MAR for CPT code 97140 in Dallas County is \$34.13, this amount is recommended.

Therefore it is the conclusion of the Medical Dispute Resolution that additional reimbursement in the amount of \$622.78 is due the Requestor.

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
 28 Texas Administrative Code Sec. §133.304
 28 Texas Administrative Code Sec. §133.307

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 **\$622.78**. 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.

Ordered by:

Elizabeth Pickle, RHIA

January 5, 2007

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.