



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier	
Requestors Name and Address: Mack Hackbarth, M.D. 700 Olympic Plaza Circle, Suite 850 Tyler, Texas 75701	MDR Tracking No.: M4-05-B276-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Tokio Marine & Fire Insurance Company, LTD Box 47	Date of Injury:
	Employer's Name: Mitsubishi Chemical America, Inc.
	Insurance Carrier's No.: 300427200135

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary per the Table of Disputed Services: "According to Medicare NCCI edit 99212 is payable in addition to 62368. There is no global days for 62638. According to Dr. Hackbarth's office notes the office visit was a separately identifiable service, hence the -25 modifier."

Principle Documentation:

1. DWC-60/Table of Disputed Service/Summary Position
2. CMS-1500's
3. EOB's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent did not submit a Position Summary.

Principle Documentation:

1. 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)
12/15/04	0522-G, C	CPT code 99212-25	1 and 2	\$44.16
Total				\$44.16

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. Respondent denied these services, as "0522(G) -This office visit falls within the surgical service. G-Unbundling. C-Negotiated contract price."
2. The Requestor submitted evidence that a contract does not exist between both parties per a letter dated 10/10/2006.
3. CPT code 62368 does not have global period days per rule 134.202(b).

4. CPT code 99212-25 for date of service 12/15/04, is not considered global to any other procedure for this date of service, because the Requestor used the -25 modifier to indicate the office visit is a separate identifiable procedure per Rule 134.202. Therefore, reimbursement in the amount of \$44.16 is recommended. ($\$35.33 \times 125\% = \44.16)

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Labor Code Sec. § 413.031
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** entitled to reimbursement **in the amount of \$44.16**. 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 receipt of this Order.

Ordered by:

Michael Bucklin

11/15/06

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.