



**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**PART I: GENERAL INFORMATION**

Requestor's Name and Address: SADI Pain Center 2525 W. Bellfort St. Ste. 120 Houston, TX 77054-5024	MFDR Tracking #: M4-05-B736-01
	DWC Claim #:
	Injured Employee:
Respondent Name: Texas Mutual Insurance Co  Box #: 54	Date of Injury:
	Employer Name: Roddis Lumbar & Vender Co LP
	Insurance Carrier #: 99E0000397496

**PART II: REQUESTOR POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary, taken from the Table of Disputed Services states in part, "Not paid fair/Unreasonable."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)

**PART III: RESPONDENT POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent Position Summary: "...Code 72275 is a component of code 62264 per Medicare's National Correct Coding Initiative (CCI) Edits..."

Principle Documentation:

1. Response to DWC 60
2. CMS 1500

**PART IV: SUMMARY OF FINDINGS**

Review of the box 32 on CMS-1500, revealed zip code 78240 is located in Bexar county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
4/28/05	62, 930, 97, W4, 891, 217, 790, W1	72275-TC-59 (\$78.97 x 125%)	1-3	00.00
<b>Total Due:</b>				00.00

**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.

CPT code 99499 was withdrawn by the Requestor on 5/08/07 and is no longer in dispute.

Per conversation with Requestor on 5/30/07, there was no contract with the Respondent when the service was rendered. No proof of contract was submitted by the Respondent.

1. This dispute relates to procedure 72275-TC-59 and Respondent's denial of payment based upon, initial denial- 62 – "Payment denied/reduced for absence of, or exceeded, pre-certification/authorization" and 930 – "Pre-authorization required. Reimbursement denied." Reconsideration denial – 97 – "Included in the allowance for another service/procedure." W4 – "No additional reimbursement allowed after review of appeal/reconsideration." 891 – "The insurance company is reducing or denying payment after reconsidering a bill." 217 – The value of this procedure is included in the value of another procedure performed on this date. 790 – "This charge was reduced in accordance to the Texas Medical Fee Guideline." W1 – "Workers Compensation State Fee Schedule Adjustment."
2. Per Rule 134.600, preauthorization is not required for the service in dispute.
3. Per Rule 134.202(b), "CPT code 72275-TC-59 is considered to be a component procedure of CPT code 62264." A modifier is not allowed under any circumstance; therefore, no reimbursement is recommended.

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 not entitled to reimbursement for the services involved in this dispute.

**Decision:**

Scott Hansen

6/12/07

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.**