



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: Bryan Emergency Physicians P.O. Box 2283 Mansfield, TX 76063	MDR Tracking No.: M4-07-0105-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Texas A&M University System Rep. Box # 25	Date of Injury:
	Employer's Name: Texas A&M University System
	Insurance Carrier's No.: 206027002

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary as listed on the Table of Disputed Services: "level sup by docs."
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, "It is the carrier's position that although the claimant did require urgent evaluation by the physician to address his pain, his life nor physiologic function was in danger. Billing of code 99284 would be more appropriate for the medical care required by this claimant."
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)
2-8-06	W4, 150	99285	1-5	\$00.00
TOTAL DUE				\$00.00

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 procedure/service that was billed under CPT code 99285 that was denied/reduced reimbursement by the insurance carrier based upon: "W4 – No additional reimbursement is allowed after reconsideration; and 150 – Payment adjusted because the payer deems the information submitted does not support this level of service."
2. Per Commissioner's Bulletin #B-0006-06, "The CY 2005 conversion factor of \$37.8975 is to be used effective immediately when calculating MAR for services provided on of after January 1, 2006."
3. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 8-10-06.
4. Based on Division Rule 133.307(d)(1-2), the only date of service eligible for review is 2-8-06.
5. CPT code 99285 is defined as "Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or

mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function." The emergency room visit report does not support the level of service billed per Rule 134.202(b); therefore, no reimbursement is recommended.

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

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:

Elizabeth Pickle, RHIA

January 5, 2007

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.