



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (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.: M4-07-0299-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: St. Paul Fire & Marine Insurance Rep. Box # 19	Date of Injury:
	Employer's Name: Westbrook Partners LLC
	Insurance Carrier's No.: WVA020592909W02

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

Requestor's Position Summary as listed on the Table of Disputed Services: "No EOB received."  
 Principle Documentation: 1. DWC 60 package  
                                   2. CMS 1500's  
                                   3. Medical Reports

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

Respondent's Position Summary states in part, "As of 9/18/2006, there is no record of a medical bill submission and/or request for reconsideration of medical bills, having been received from Injury One Treatment Center, regarding (claimant)."  
 Principle Documentation: 1. Affidavit

### 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)
3-1-06 4-19-06 4-21-06 4-24-06	97	99213	2-7	\$273.28
3-20-06	No EOB	99212	1	\$0.00
<b>TOTAL DUE</b>				<b>\$273.28</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. The Respondent submitted an Affidavit declaring that date of service 3-20-06 is not eligible for medical dispute resolution because it has not been submitted to the insurance carrier for audit. The Requestor did not dispute this declaration; therefore, this date of service is not eligible for review.
2. This dispute relates to procedure/service that was billed under CPT code 99213 that was denied/reduced reimbursement by the insurance carrier based upon: "97 – Payment is included in the allowance for another service/procedure. This procedure is considered integral to the primary procedure billed."
3. The Requestor complied with Rule 133.304 by submitting medical bills for reconsideration.

4. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 9-8-06.
5. Based on Division Rule 133.307(d)(1-2), the only dates of service eligible for review commence on 3/1/06 through 4/24/06.
6. On the disputed dates, the Requestor billed CPT codes 99213, 97110, 97140, 97032, 97035, 97112. CPT code 99213 is not global to any of these services and payment will be recommended per MFG.
7. Per CMS-1500, the zip code 75050 is located in Dallas County. The MFG MAR for CPT code 99213 in Dallas County is \$68.32. This amount times four disputed dates = \$273.28.

**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 **\$273.28**. 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.**