



Texas Department of Insurance, Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Integra Specialty Group, P.A. 517 North Carrier Parkway, Suite G Grand Prairie, TX 75050	MFDR Tracking #: M4-07-0331-01
	DWC Claim #:
	Injured Employee:
Respondent Name: Netherlands Insurance Co. Box #: 42	Date of Injury:
	Employer Name: RELIABLE PAVING INC
	Insurance Carrier #: 502556820

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: Requestor did not submit a Position Summary to MFDR.

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "The Respondent has paid all reasonable and necessary charges relating to the compensable injury and no additional amounts are due the Requestor at this time. As noted by the EOBs, the services at issue exceeded the granted preauthorization and thus are not eligible for reimbursement"

Principle Documentation:

1. Response to DWC 60
2. EOBs

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
01/20/06	B15, R79	95831	1	\$00.00
01/20/06	B15, R79	95832	2	\$00.00
02/23/06	No EOB	97545-WH	3	\$102.40
02/23/06	No EOB	97546-WH	4	\$307.20
Total Due:				\$409.60

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, sets out the reimbursement guidelines.

1. CPT code 95831 billed for date of service 01/20/06 was denied by carrier with denial codes "B15" (Procedure/service is not paid separately) and "R79" (CCI; standards of medical/surgical practice).

Per Rule 134.202(b), CPT code 95831 is a component of CPT code 99213 which was billed on the same day, and should not be paid separately. There are no circumstances in which a modifier would be appropriate. The services represented by the code combination will not be paid separately; therefore, reimbursement is not recommended.

2. CPT code 95832 billed for date of service 01/20/06 was denied by carrier with denial codes “B15” (Procedure/service is not paid separately) and “R79” (CCI; standards of medical/surgical practice).

Per Rule 134.202(b), CPT code 95832 is a component of CPT code 99213 which was billed on the same day, and should not be paid separately. There are no circumstances in which a modifier would be appropriate. The services represented by the code combination will not be paid separately; therefore, reimbursement is not recommended.

3. CPT code 97545-WH, billed for date of service 02/23/06: The EOBs were not submitted by either party. Per Rule 133.307 (e) (2) (B), the Requestor submitted convincing evidence of their request for EOBs in the form of a Returned Receipt Request signed by an agent for the Respondent. Per Rule 134.202 (e) (5) (A) (i) a Non-CARF accredited program shall be reimbursed at 80% of the MAR. Requestor received pre-authorization for Work Hardening, 10 sessions from 02/10/02 – 03/24/06 under pre-authorization#71154628-1. Respondent paid for Work Hardening for dates of service 02/22/06, 02/24/06, 02/27/06, 02/27/06, 02/28/06, and 03/01/06. Reimbursement is recommended in the amount of **\$102.40 (\$64.00 X 80% = \$51.20 (MAR) X 1 Unit (initial 2 hrs.) = \$102.40)**

4. CPT code 97546-WH, billed for date of service 02/23/06: The EOBs were not submitted by either party. Per Rule 133.307 (e) (2) (B), the Requestor submitted convincing evidence of their request for EOBs in the form of a Returned Receipt Request signed by an agent for the Respondent. Requestor received pre-authorization for Work Hardening, 10 sessions from 02/10/02 – 03/24/06 under pre-authorization#71154628-1. Respondent paid for Work Hardening for dates of service 02/22/06, 02/24/06, 02/27/06, 02/27/06, 02/28/06, and 03/01/06. Per Rule 134.202 (e) (5) (A) (i) a Non-CARF accredited program shall be reimbursed at 80% of the MAR. Reimbursement is recommended in the amount **\$307.20 (\$64.00 X 80% = \$51.20 (MAR) X 6 (Units)= \$307.20.**

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202

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 entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$409.60 plus accrued interest, due within 30 days of receipt of this Order.

Decision & Order::

Eileen V. Atkinson

April 11, 2007

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.