



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: Integra Specialty Group, P. A. 517 North Carrier Parkway, Suite G Grand Prairie, Texas 75050	MDR Tracking No.: M4-07-0376-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: National Fire Insurance Company C/o Burns Anderson Jury & Brenner Rep Box # 47	Date of Injury:
	Employer's Name: Southern Leather Co., Inc.
	Insurance Carrier's No.: 64819304

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's Position Summary states in part, "...On August 2, 2006 our request for reconsideration was received by National Fire Insurance Company of Hartford, P.O. Box 219011 – Dallas, TX 75221-9011 regarding the bills for the claimant...The carrier claim number is 64819304...The carrier failed to provided the original response EOB's for the outstanding dates of service of 2/21/06, 2/2/706, and 3/01/06. Also, the carrier failed to provide the request for reconsideration response EOBs for the outstanding dates of service of 2/21/06, 2/27/06, and 3/01/06..."

- Principle Documentation:
1. DWC 60 package
 2. CMS 1500s
 3. Medical Records

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's Position Summary states in part, "...My review of the computer and paper file reveals that DOS 2/21/06 was received and a Explanation of review and payment was provided to the Requestor, Integra Specialty Group. However in regards to DOS 2/27/2006 & 3/1/2006, I verify and confirm that the HCFA's are not in the paper file or the computer file. I have attached the compute listing from Concentra reflecting the billing received from the Requestor in 2006. DOS 2/27/2006 and 3/1/2006 are not listed. A ma requesting that billing submitted to the provider as attachments in the medical dispute be submitted for review. Copy of the explanation of review for DOS 2/27/2006 & 3/1/2006 will be provided upon receipt. Carrier paid an allowance of \$310.15 via check number 101054266 for DOS 2/21/2006. The payment history screen reflects that said payment has been cashed..."

- 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)
02/21/06	No EOBs	97032	1	\$20.50
02/21/06	No EOBs	97110	2	\$36.10
02/21/06	No EOBs	97112	3	\$37.61
02/21/06	No EOBs	97140	4	\$15.58
02/21/06	No EOBs	99213	5	\$68.25
02/27/06	No EOBs	97032	1	\$20.50
02/27/06	No EOBs	97110	2	\$36.10
02/27/06	No EOBs	97112	3	\$37.61
02/27/06	No EOBs	97140	4	\$15.58
02/27/06	No EOBs	99213	5	\$68.25

03/01/06	No EOBs	97032	1	\$20.50
03/01/06	No EOBs	97035	6	\$15.58
03/01/06	No EOBs	97110	2	\$36.10
03/01/06	No EOBs	97112	3	\$37.61
03/01/06	No EOBs	97140	4	\$15.58
03/01/06	No EOBs	99213	5	\$68.25
TOTAL DUE				\$549.70

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.

Per the Respondent's preauthorization letter, authorization # 1624707, preauthorization was approved on 01/31/06 for Physical Therapy, 3 X Weeks for 2 Weeks (6 visits), with a start date of 01/25/06 and an end date of 03/03/06.

The Requestor provided convincing evidence of Respondent receipt for "Request for Reconsideration EOB's" in accordance with 133.307(e)(2)(B). The Respondent did not provide a reconsideration response per Rule 133.304.

The Division contacted the Requestor on 11/10/06 to ascertain if payment in the amount of \$310.15 was received for date of service 02/21/06 as indicated on the Respondent's MDR response. Per Requestor's representative, Robert Bueker, payment has not been received for date of service, 02/21/06. However, the Respondent indicated in their position summary that carrier issued check # 101054266 in the amount of \$310.15 for date of service 02/21/06.

Neither the Requestor nor the Respondent submitted EOBs for the disputed dates of service. Therefore, dates of service 02/21/06, 02/27/06 and 03/01/06 will be reviewed according to the 2002 Medical Fee Guideline.

1. This dispute relates to CPT code 97032 for dates of service 02/21/06, 02/27/06 and 03/01/06. Per Rule 134.202(c)(1). Reimbursement in the amount of \$61.50 ($\$16.40 \times 125\% = \20.50×3).
2. This dispute relates to CPT code 97110 for dates of service 02/21/06, 02/27/06 and 03/01/06. Per Rule 134.202(c)(1). Reimbursement in the amount of \$108.30 ($\$28.88 \times 125\% = \36.10×3).
3. This dispute relates to CPT code 97112 for dates of service 02/21/06, 02/27/06 and 03/01/06. Per Rule 134.202(c)(1). Reimbursement in the amount of \$112.83 ($\$30.09 \times 125\% = \37.61×3).
4. This dispute relates to CPT code 97140 for dates of service 02/21/06, 02/27/06 and 03/01/06. Per Rule 134.202(c)(1). Reimbursement in the amount of \$46.74 ($\$12.46 \times 125\% = \15.58×3).
5. This dispute relates to CPT code 99213 for dates of service 02/21/06, 02/27/06 and 03/01/06. Per Rule 134.202(c)(1). Reimbursement in the amount of \$204.75 ($\$54.60 \times 125\% = \68.25×3).
6. This dispute relates to CPT code 97035 for date of service 03/01/06. Per Rule 134.202(c)(1). Reimbursement in the amount of \$15.58 ($\$12.46 \times 125\% = \15.58).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code, Section §413.011(a-d)
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 \$549.70 plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

11/21/06

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.