



## 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:

Robert E. Urrea, M.D.

6211 Edgemere, Suite 1

El Paso, Texas 79925

MDR Tracking

M4-07-0421-01

No.:

Claim No.:

Injured

Employee's Name:

Respondent's Name:

Hartford Insurance Company of the Midwest

Box #27

Date of Injury:

Employer's Name:

Jones Apparel Group, Inc.

Insurance Carrier's

No.:

YBUC 35924

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

Requestor's Position Summary states in part, "We believe the Carrier should not be permitted to deny payment on a claim when the denial is based on a subjective review of level of service. Rather, the Carrier must pay an amount corresponding to what the Carrier believes is the correct level of service. The Provider may then decide to appeal the payment if the Provider disagrees with the level of service as determined by the Carrier."

Principle Documentation: 1. DWC 60 package  
2. CMS 1500's

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

No response received from the Respondent.

### 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)
01/23/06	17, 150	99213	1-3	\$61.62
TOTAL DUE				\$61.62

### 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 CPT code 99213 for the date of service 01/23/06 denied as, "17-A health care provider shall not submit a medical bill later than the ninety fifth day after the date the services are provided on or after September, 2005. Rule 134.801 Section C." Original bill for CPT code 99214 was denied as, "150-Payment adjusted because the payer deems the info submitted doesn't support this lvl of srvc. Documentation received indicates that services rendered meet the reimbursement criteria for code 99213." However, Respondent made no payment per Rule 133.301(b). Respondent did not give the Requestor opportunity to agree to the change.

2. The Respondent's first denial indicates the documentation doesn't support this level of service for CPT code 99214. Documentation received indicates that services rendered meet the reimbursement criteria for code 99213. The Requestor then re-submitted the bill for reconsideration for the level of service for CPT code 99213 and the Respondent then denied services were past the 95-day rule and reimbursement was not recommended.
3. The Requestor submitted evidence that supports the timely filing per Rule 408.027(a). The first EOB received by the Requestor indicates an invoice date of 02/20/2006, which is 28 days from the date of service 01/23/2006. The documentation supports the level of services billed per rule 134.202 for CPT code 99213. Therefore, reimbursement in the amount of \$61.62 is recommended. ( $\$49.30 \times 125\% = \$61.62$ )

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

Texas Labor Code 413.011(a-d)  
 Texas Labor Code 408.027(a)  
 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 additional reimbursement in the amount of **\$61.62**. 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:**

**Michael Bucklin**

11/15/06

\_\_\_\_\_  
 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.**