Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Edward F. Wolski, M.D. / Wol+Med 2436 I-35 South #336 Denton TX 76205	MFDR Tracking #: M4-07-1096-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: LOWES HOME CENTERS INS Box #17	Date of Injury: Employer Name: LOWES HOME CENTERS INC Insurance Carrier #: YKL03744C

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Date of service 11/15/05 has never been acknowledged by the carrier…date of service 5/1/06…CPT code 16020 was billed for the same date. It has a global status of "O" which, according to the Medicare correct coding guide, is used in conjunction with an E&M code..."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "…The dispute…involves two office visits: one that has been paid and one that was denied as it was unbundled from other services performed on the same date. On the date of service 5/1/06, the Requestor saw the Claimant for a dressing and/or debridement without anesthesia. The Requestor billed for the office visit and the dressing, even though they were performed simultaneously. Requestor paid for the dressing and denied the office visit as it was unbundled from the other procedure…"

Principle Documentation:

1. Response to DWC 60
2. EOB's

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
11/15/05	W1	99213 ($61.89 = MAR)	1, 2	$00.00
5/1/06	97, W1	99213 ($61.89 = MAR)	1, 3	$61.63
Total Due:				$61.63

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, set out the reimbursement guidelines.

1. Per review of Box 32 on CMS-1500, zip code 76205 is located in Denton County.

2. The Requestor indicates in their position statement that no EOB was received from the Respondent for code 99213, rendered on date of service 11/15/05. Documentation was submitted by the Respondent substantiating that payment, in accordance with Section §413.011(a-d) and Division Rule §134.202, was made to the Requestor for this date of service in dispute. Therefore, no additional reimbursement is recommended for this date of service in dispute.

3. Per the EOB's submitted by both parties and the Respondents position summary, code 99213, rendered on date of service 5/1/06, was denied as "97 – Payment is included in the allowance for another service/procedure" and "W1- Workers Compensation State Fee Schedule Adjustment." Per Division Rule §134.202, code 99213 is not considered a component of code 16020, which was billed on the same date of service. Per Rule 134.202(d), "reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge." Therefore, reimbursement in the amount of $61.63 is due the Requestor for this date of service in dispute.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

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

PART VII: DIVISION 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 $61.63 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

	James Schneider	7/6/07
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.