



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Southwest Medical Examination Services, Inc. 7502 Greenville Ave., Ste. 600 Dallas, TX 75231	MFDR Tracking #: M4-07-1342-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: Duncanville ISD Rep. Box #03	Date of Injury:
	Employer Name: Duncanville ISD
	Insurance Carrier #: WC0473300298

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary as submitted in an email dated 1-3-07:
 "I did receive payment in the amount of \$26.68 (1 unit of 95851 = \$24.88 and interest = \$1.80) However, the MDR was filed for \$78.87...Nevertheless, they did not calculate MAR correctly. The correct reimbursement for a Dallas County exam would be \$26.29 per unit not \$24.88, which appears to be a Tarrant County reimbursement."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary:
 "Payment is recommended for CPT 95851."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 75231 is located in Dallas county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
11-17-05	97, W4	95851(3)	1-2	\$52.19
Total Due:				\$52.19

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. These services were denied by the Respondent with reason code "97- Payment is included in the allowance for another service/procedure; and W4-No additional reimbursement allowed after review of appeal/reconsideration."

2. According to Rule 134.202(e)(7), "Testing that is required shall be billed using the appropriate CPT code and reimbursed in addition to the examination fee." On this date, the Requestor billed CPT code 99456-RE-59 for the examination and CPT code 95851 for the testing. CPT code 95851 is not global to any service billed on this date. The MAR for CPT code 95851 is \$26.29 times 3 units = \$78.87. The insurance carrier paid \$26.68. The Requestor is entitled to additional reimbursement of \$52.19.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202
Advisory 2004-06

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 additional reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$52.19 plus accrued interest, due within 30 days of receipt of this Order.

ORDER / DECISION:

Elizabeth Pickle, RHIA

June 20, 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.