



**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:  Jarrod M. Cashion, D. C. 1605 Rock Prairie Rd. Suite 222 College Station, TX 77845	MDR Tracking No.:	M4-07-1407-01
	Claim No.:	
	Injured Employee's Name:	
Respondent's Name:  TEXAS MUTUAL INSURANCE CO, BOX 54	Date of Injury:	
	Employer's Name:	PHILCOM CONSTRUCTORS INC
	Insurance Carrier's No.:	99G0000453532

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

Requestor's Position Summary states in part, "I feel that I have defended and/or supported the procedure codes utilized with the literature that has been used to deny my claims. The literature noted in the Local Coverage Determination (LCD), National Correct Coding Initiative (NCCI) Edits, and Current Procedural Terminology (CPT) code book all reflect proper coding, yet denying of claims by TMIC remains."

Principle Documentation:

1. DWC 60 package
2. CMS 1500's
3. EOBs

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

Respondent's Position Summary states in part, "It is this carrier's position that no reimbursement is due for code 97140 billed in conjunctions with 98941 as reimbursement for code 97140 is included in the allowance of code 98941 listed in this dispute."

Principle Documentation:

1. DWC 60 package

**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)
6-16-06	97, 435, W4, 891	97140	1, 3	\$0.00
6-28-06	62, 930, 97, W4, 435, 891	97140	2, 3, 4	\$0.00
	Total Due			\$0.00

**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, set out reimbursement guidelines.

The Respondent documented with a screen print that it had reimbursed the Requestor for CPT code 99212-25 on 6-15-06 plus interest. It was paid with check number 09952404 on 12-05-06. This service will not be a part of this review.

- 1) The Respondent denied these services as “97-Payment is included in the allowance for another service/procedures,” “435-Per NCCI Edits, the value of this procedure is included in the value of the comprehensive procedure,” “W-4-No additional reimbursement allowed after review of appeal/reconsideration,” and “891-The insurance company is reducing or denying payment after reconsideration.”
- 2) The Respondent denied these services as “97-Payment is included in the allowance for another service/procedures,” “435-Per NCCI Edits, the value of this procedure is included in the value of the comprehensive procedure,” “W-4-No additional reimbursement allowed after review of appeal/reconsideration,” “891-The insurance company is reducing or denying payment after reconsideration,” “62-Payment denied/reduced for absence of, or exceeded, pre-certification/authorization,” and “930-Pre-authorization required, reimbursement denied.”
- 3) Per Rule 134.202(b) CPT code 97140 is a component procedure of CPT code 98941. A modifier is allowed to differentiate between the services provided. The Requestor did not bill CPT code 97140 with a modifier to differentiate the services. No reimbursement recommended.
- 4) Per Rule 134.600 (c)(1)(B) this service requires preauthorization. No proof of preauthorization was submitted by the Requestor. No reimbursement recommended.

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

Texas Labor Code 413.011(a-d), 413.031  
 28 Texas Administrative Code Sec. 134.1, 134.202, 134.600

**PART VII: DIVISION DECISION**

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 not entitled to reimbursement for the services involved in this dispute.

**Finding and Decision by:**

Donna Auby, Medical Dispute Officer

3-01-07

Authorized Signature

Typed Name

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.**