



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: SOUTHEAST HEALTH SERVICES INC P.O. BOX 453062 GARLAND, TX 75045	MFDR Tracking #: M4-07-2046-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TEXAS MUNICIPAL LEAGUE INTERGO C/O FLAHIVE OGDEN & LATSON REP BOX #: 19	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary taken from Response to MR116 and table: "CPT code 97032 was denied on DOS 6/21/06 as "Procedure Restricted/See Medicare LCD." Please note, that the Medicare Physical Medicine Guidelines state, "These types of electrical stimulation may be necessary during the initial phase of treatment, but there must be an expectation of improvement in function. Electrical stimulation must be utilized with appropriate therapeutic procedures (e.g., 97110) to effect continued improvement." Please note that this was administered to the patient 10 days post injury which is considered the "initial phase" of treatment. The patient was unable to perform therapeutic activities at that time but progressed to these procedures. Therefore, since this was performed during the initial phase of treatment and was within the Medicare guidelines, the treatment should be reimbursed."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Table of Services
5. Response to MR116

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "The current dispute involves a charge for CPT 97032 dated 06/21/06. This was denied on the basis that Medicare guideline (LCD #Y-13BV-R6) requires that 97032 be billed with a therapeutic procedure (97110-97532, 98940-98943)."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
06/21/06	W4, B5, R95	97032 (\$16.40 x 125%)	1,2,3	\$19.58
Total Due:	.			\$19.58

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 75217 is located in Dallas County.
2. CPT Code 97032 was billed on DOS 06/21/06. Respondent denies with B5-Payment Adj/Program guidelines not met or exceeded and R95 Procedure Billing Restricted/See Medicare LCD. After conversation with carrier adjuster, verified that medical necessity issues are not an issue and therefore; reimbursement is recommended per §134.202(c)(1). Carrier correspondence via email indicates, "We will not dispute payment of the \$22.00 (Code 97032). Procedure was within the initial phase of the DOI."
3. Per §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."

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. §134.1, §134.202(c)(1), §134.202(d)

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. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$19.58 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

06/27/07

 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.