



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: David V. Dent, D.O., P.A. 5501 A Balcones Drive Suite 312 Austin, Texas 78731	MDR Tracking No.: M4-07-2615-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Hartford Casualty Insurance Company Rep Box # 27	Date of Injury:
	Employer's Name: International Mailing Systems
	Insurance Carrier's No.: 978C 01827

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

Requestor's Position Summary: The Requestor did not submit a position summary to MDR.  
 Principle Documentation: 1. DWC 60 package  
                                   2. CMS 1500  
                                   3. Explanation of Benefits

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

Respondent's Position Summary: The Respondent did not submit a position summary to MDR.  
 Principle Documentation: The Respondent did not submit a response to MDR.

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Amount Due
06-08-06	150	99214	1-4	\$105.48
<b>TOTAL DUE</b>				<b>\$105.48</b>

### 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) CPT code 99214 was denied by the Respondent with ANSI denial code "150" (Payment adjusted because the payer deems the info submitted doesn't support this level of srvc. Documentation received indicates that services rendered meet the reimbursement criteria for code 99213).
- (2) Per Rule 134.202(b) CPT code 99214 requires at least two of three components: a detailed history, detailed examination and/or medical decision making of moderate complexity.
- (3) Review of documentation submitted by the Requestor revealed that two of the three components required for CPT code 99214 (detailed history and detailed examination) were met.
- (4) Reimbursement per Rule 134.202(d)(2) is recommended in the amount listed above.

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

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

**PART VII: DIVISION FINDINGS 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 in the amount of **\$105.48**. The Division hereby **ORDERS** the Respondent 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.

Findings and Order by:

03-08-07

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date of Findings and 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.**