



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: Jack Barnett, D.C. 9402 Mesa Drive Houston, Texas 77028	MDR Tracking No.:	M4-07-2758-01
	Claim No.:	
	Injured Employee's Name:	
Respondent's Name and Address: METROPOLITAN TRANSIT AUTHORITY REP BOX # 19	Date of Injury:	
	Employer's Name:	Metropolitan Transit Authority
	Insurance Carrier's No.:	0600526

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's Position Summary per the Table of Disputed Services states, "The carrier is denying these charges stating 'Payment denied/reduced for absence of or exceeded, pre-certification/authorization.' Per rule 134.600, after May 2, 2006 preauthorization is not required for physical therapy for the first 6 sessions following an examination when the treatments are rendered within the first two weeks following surgical intervention. ...[patient] had an ESI on 05-23-06. An ESI is considered a surgical procedure and was preauthorized as medically necessary by the carrier. Therefore, we are entitled to reimbursement."

The Requestor's Request for Reconsideration letter dated 07/11/06 states in part, "...Per the attached EOB you are stating that you spoke with Ms. Guardiola at TDI and she advised you that an ESI is not included in the surgery exceptions list. I contacted TDI, Compliance and Practices in Austin and spoke with Nora in the customer service department. She advised me that an ESI is considered a surgical procedure and she checked with Ms. Guardiola and Ms. Guardiola advised her that it was a surgical procedure and we should be reimbursed for the rehab performed after this surgical procedure. Therefore, we are entitled to reimbursement..."

- Principle Documentation:
1. DWC 60 package
 2. CMS 1500s
 3. EOBs
 4. Medical Records

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's Position Summary states in part, "...This is a fee dispute concerning date of service 05/26/06 through 6/5/2006. All fees were paid according to the TDI interpretation of the current payment and treatment guidelines. The 'six PT session allowance within the first 2 weeks after a surgical procedure' does not apply to ESI's according to TDI personnel (Ms. Guardiola). An ESI is not surgery, it is an injection. Provider's cited rationale for reimbursement is incorrect..."

- Principle Documentation:
1. Response to DWC 60

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)
05/26/06	62/W4	99214	1	\$101.74
		G0283	2	\$14.35
05/31/06 & 06/05/06	62/W4	99213 X 2 Days	3	\$130.42
05/30/06	62/W4	97110 X 3 Units	4	\$107.58
05/31/06		97110 X 2 Units		\$71.72
06/05/06		97110 X 2 Units		\$71.72

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.

Rule 134.600 (p)(C)(ii), effective 05/02/06, specifically states, “except for the first six visits of physical therapy following the evaluation when such treatment is rendered within first two weeks immediately following...a surgical intervention previously preauthorized by the carrier.”

Medical documentation submitted by the Requestor indicates that the claimant underwent cervical epidural steroid injections at Vista Surgical Center on 05/23/06.

Rule 134.600 (a)(6) defines Outpatient surgical services as, “... surgical services provided in a freestanding surgical center or a hospital outpatient department to patients who do not require overnight hospital care...”

1. This dispute relates to CPT code 99214 for date of service 05/26/06 and was denied as “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization and W4—No additional reimbursement allowed after review of appeal/reconsideration”. Per Rule 134.600(p)(C)(ii), effective 05/02/06, preauthorization is not required. Per CMS-1500, the zip code 77028 is located in Harris County. The MFG MAR for CPT code 99214 in Harris County is (\$84.39 x 125%). According to the Requestor’s submitted Table of Disputed Services, the amount in dispute is \$101.74. Therefore, per Rule 134.202(d)(2), this amount is recommended for reimbursement.
2. This dispute relates to CPT code G0283 for date of service 05/26/06 denied as “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization and W4—No additional reimbursement allowed after review of appeal/reconsideration”. Per Rule 134.600(p)(C)(ii), effective 05/02/06, preauthorization is not required. Per CMS-1500, the zip code 77028 is located in Harris County. The MFG MAR for CPT code G0283 in Harris County is (\$11.65 x 125%). According to the Requestor’s submitted Table of Disputed Services, the amount in dispute is \$14.35. Therefore, per Rule 134.202(d)(2), this amount is recommended for reimbursement.
3. This dispute relates to CPT code 99213 for dates of service 05/31/06 and 06/05/06 denied as “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization and W4—No additional reimbursement allowed after review of appeal/reconsideration”. Per Rule 134.600(p)(C)(ii), effective 05/02/06, preauthorization is not required. Per CMS-1500, the zip code 77028 is located in Harris County. The MFG MAR for CPT code 99213 in Harris County is (\$53.79 x 125% x 2 Days). According to the Requestor’s Table of Disputed Services, the amount in dispute is \$130.42. Therefore, per Rule 134.202(d)(2), this amount is recommended for reimbursement.
4. This dispute relates to CPT code 97110 for dates of service 05/30/06 x 3 units, 05/31/06 x 2 units and 06/05/06 x 2 units denied as “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization and W4—No additional reimbursement allowed after review of appeal/reconsideration”. Per Rule 134.600(p)(C)(ii), effective 05/02/06, preauthorization is not required. Per CMS-1500, the zip code 77028 is located in Harris County. The MFG MAR for CPT code 97110 in Harris County is \$251.02 (\$28.69 x 125% X 7 Units rendered during 3 Days), therefore, this amount is recommended for reimbursement per Rule 134.202(c)(1).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 in the amount of **\$497.53** plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

05/30/07

Authorized Signature

Typed Name

Date of 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.