



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: Sadi Pain Center 2525 W. Bellfort Houston, TX 77054	MDR Tracking No.: M4-07-3149-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Travelers Indemnity Co Rep. Box # 05	Date of Injury:
	Employer's Name: United Water Inc
	Insurance Carrier's No.: 478CBABG5438J

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...Not paid fair/unreasonable..."

- 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, "...This facility is not a license ASC with the State of Texas and the only codes paid are the technical components of x-ray..."

- Principle Documentation:
1. Response to DWC 60
 2. Additional Information

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)
08/31/06	97, 52	36000	1-4	\$32.43
TOTAL DUE				\$32.43

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. This dispute relates to procedure code 36000 (introduction of needle or intracatheter, vein) and Respondent's denial of payment based upon: Initial denial "97- Included in the allowance for another service/procedure. Reconsideration denial- 52- The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed. Provider is not licensed in Texas as an ASC."
2. ANSI code 52 is inactive as of 2/01/06; therefore, this is an improper denial per Rule 134.202(c)(1).
3. Services billed by SADI Pain Center rendered on 8/31/06 were on two separate CMS 1500s. One bill is for the technical component (Tax I.D. # - 74-2726932) noted in box 25. The other bill is for the professional component (Tax I.D. # - 430377749) noted in box 25. The Respondent cannot bundle two separate bills; therefore, payment of \$32.43 (\$25.94 x 125%) is recommended for CPT code 36000.

4. Carrier was in violation of Rule 134.202(c)(1) for using an inactive ANSI code. A Legal & Compliance referral has been made.

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
28 Texas Administrative Code Sec. §133.307 (effective 12/31/06)

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 additional reimbursement in the amount of **\$32.43**. The Division hereby **ORDERS** the insurance carrier 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.

Ordered by:

Scott Hansen

03/09/2007

Signature

Medical 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.