Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestors Name and Address: SADI Pain Center 2525 W. Bellfort Houston, TX 77054	MDR Tracking No.:	M4-07-3248-01
	Claim No.:	
	Injured Employee's Name:	
Respondent's Name: Texas Mutual Insurance Company Rep. Box # 54	Date of Injury:	
	Employer's Name:	Primary Business Systems LLC
	Insurance Carrier's No.:	99F0000423161

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary, as taken from the Table of Disputed Services 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, "…The CCI Edits shows code 36000 is bundles to 62311…"

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)
11/02/06	97, W4, 217, 891	36000	1-2	$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 intercatheter, vein) and Respondent's denial of payment based upon, initial denial – "97 – included in the allowance for another service/procedure." Reconsideration denial – "W4 – No additional reimbursement allowed after review of appeal/reconsideration." 217 – "The value of this procedure is included in the value of another procedure performed on this date." 891 – "The insurance company is reducing or denying payment after reconsideration."

2. Services billed by SADI Pain Center rendered on 11/02/06 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.

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.

Decision and Order by:

	Scott Hansen	03/09/2007
Signature	Medical Dispute Resolution Officer	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.