



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Nestor Martinez, D.C. 6660 Airline Dr. Houston, TX 77076	MFDR Tracking #:	M4-07-3421-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: ACIG Insurance Co Rep Box #: 47	Date of Injury:	
	Employer Name:	WILLIAMS BROTHERS CONSTRUCTION
	Insurance Carrier #:	6433-A00064

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Requestor has not submitted a Position Summary; however, the Requestor's rationale on the Table of Disputed Services states, "Our facility had pre-authorization for these services."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Pre-Authorization Letter

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondent did not submit a response to DWC-60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
05/15/06	W9	97110 (5 units x 4 DOS)	1-3	\$717.20
05/16/06		97140 (2 units x 4 DOS)		\$266.64
05/18/06		97112 (1 unit x 4 DOS)		\$148.64
05/22/06				
Total Due:				\$1,132.48

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, sets out the reimbursement guidelines.

The Requestor withdrew CPT Code 99212 listed on the Table of Disputed Services; therefore, this CPT code will not be a part of this review.

1. This dispute relates to CPT codes 97110 (Therapeutic exercises), 97140 (Manual therapy technique) and 97112 (Neuromuscular re-education) denied with reason code "W9 – Unnecessary medical treatment – peer review."

2. Per Rule 134.600(h) physical therapy services require pre-authorization. The Requestor has provided a copy of a valid pre-authorization letter (Authorization #71157302-1) dated 04/20/06.
3. Per the CMS-1500, services were rendered in Zip Code 77076 which is located in Harris County. The MFG MAR for CPT code 97110 in Harris County is \$35.86. The MFG MAR for CPT code 97140 is \$33.33. The MFG MAR for CPT code 97112 is \$37.16. Per Rule 134.202(c)(1) reimbursement is recommended as follows:
 - For CPT code 97110 reimbursement in the amount of \$717.20 ($\$35.86 \times 20 \text{ units} = \717.20) is recommended.
 - For CPT code 97140 reimbursement in the amount of \$266.64 ($\$33.33 \times 8 \text{ units} = \266.64) is recommended.
 - For CPT code 97112 reimbursement in the amount of \$148.64 ($\$37.16 \times 4 \text{ units} = \148.64) is recommended.

A referral has been made to Legal and Compliance against Carrier for violation of Rule 134.600(b)(1)(B).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. §133.307 (effective 12/31/06), §134.1, §134.202, §134.600

PART VII: DIVISION DECISION AND/OR 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 \$1,132.48 plus accrued interest, due within 30 days of receipt of this Order.

Decision and Order:

05/02/07

 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.