



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Centre of Rehabilitation Excellence P.O. Box 5360 Longview, TX 75608	MFDR Tracking #: M4-07-3474-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: Texas Council Risk Management Rep. Box # 43	Date of Injury:
	Employer Name: Sabine Valley Center
	Insurance Carrier #: W0200600690

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary, taken from the Table of Disputed Services, states in part, "...This provider can bill for this procedure when using the "TC" modifier..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary, states in part, "...An examining doctor, other than the treating doctor, shall bill using the work related or medical disability examination by other than the treating physician..."

Principle Documentation:

1. 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
08/16/06	4, 16, 1014	99455-V3-TC	1-2	\$50.00
Total Due:				\$50.00

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.

1. This dispute related to CPT code 99455-V3-TC (work related/med disability exam) with reason code "4 – The procedure code is inconsistent with the modifier used or a required modifier is missing" and reason code "16 – Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate." Reconsideration denial – "1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct.

Therefore, no additional allowance appears to be warranted.”

2. According to Rule 134.202(6)(D)(V), “If a HCP other than the examining doctor performs the testing of the musculoskeletal body area(s), then the HCP shall bill using the appropriate MMI CPT code with modifier “TC”. Reimbursement shall be 20% of the total MAR.” MDR Newsletter #8 dated July 2005 further clarifies the billing & reimbursement for IR testing performed by a PT, OT & other practitioners. “If a practitioner other than the certifying doctor performs the testing of the musculoskeletal body area(s), the practitioner should bill the appropriate MMI CPT code used by the certifying doctor with modifier “TC”. Reimbursement for the testing practitioner for the determination of MMI and assignment of an IR is 20% of the total MAR.”
3. Medical Fee Dispute Resolution verified that the treating doctor referred the Claimant to the Physical Therapist for the muscle testing; therefore, \$50.00(\$250.00 x 20%) is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 \$50.00 plus accrued interest, due within 30 days of receipt of this Order.

Decision:

Scott Hansen

03/21/07

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.