



MEDICAL FEE 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: Texas Back Institute P. O. Box 262409 Plano, Texas 75026-2409	MDR Tracking No.: M4-07-3518-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: JC PENNY CORP., INC. REP BOX #: 19	Date of Injury:
	Employer's Name: JC Penny Corp., Inc.
	Insurance Carrier's No.: 949383427

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's Position Summary states in part, "...The procedure code that was denied was 20931, which denied as global. According to the 2006 CPT manual, this procedure is not global to any procedure we billed this date of service. This procedure is paid with these codes and Helmsman has paid for it on other surgeries..."

- 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 did not submit a response to the DWC 60.

- Principle Documentation: 1. N/A

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)
03/08/06	X212	20931	1	\$147.04
TOTAL DUE				\$147.04

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 CPT code 20931 for date of service 03/08/06 that was denied with reason code "X212—This procedure is included in another procedure performed on this date." According to the 2002 Medical Fee Guideline, CPT code 95937 is considered a component procedure of CPT code 20931 billed on the same date of service. CPT code 20931 is not a component of any of the other procedures billed on the same date of service, therefore, per Rule 134.202 (b) and (c)(1), reimbursement in the amount of \$147.04 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of **\$147.04** plus accrued interest, due within 30 days of receipt of this Order.

Ordered by:

Signature

03/14/07

_____ 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.