



**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**PART I: GENERAL INFORMATION**

Requestor Name and Address: J. D. Stephenson, M.D. 8601 Village Drive, Suite 226 San Antonio, Texas 78217	MFDR Tracking #: M4-07-3527-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE COMPANY  REP BOX #: 54	Date of Injury:
	Employer Name: Vida Y Salud Health Systems, Inc.
	Insurance Carrier #: 99C0000306327

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary: "Patient referred for urology consult—this bill is for initial consult—dx codes 959.19 low back inj (original injury) 787.6 fecal incontinence 877.63 urgency urination (secondary to injury). Emg performed prior to consult report included 782.0 loss of sensation 625.6 stress incontinence."

Principle Documentation:

1. DWC 60 package
2. CMS 1500
3. EOB
4. Medical Records

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent's Position Summary: "...The compensable injury is to the low back...Upon receipt of the billing Texas Mutual reviewed the codes and determined they were unrelated to the injury. Based on the documentation associated with code 99244, Texas Mutual sees no reason at this time to reverse its position..."

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
09/07/06	47, 246	99244	1 – 4	\$200.00
<b>Total Due:</b>				\$200.00

**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 is related to CPT code 99244 for date of service 09/07/06 that was denied with reason code "CAC-47— This (these) diagnosis(es) is (are) not covered, missing, or are invalid" and "246—The treatment has been determined to be unrelated to the extent of injury. Final adjudication has not taken place."
2. According to Division records, the claimant sustained a compensable lumbar spine injury while in the course and scope of her employment with Vida Y Salud Health Systems, Inc.
3. According to the treatment records provided, Medical Fee Dispute Resolution has determined that the Requestor treated the compensable injury to the low back [959.19], therefore, CPT code 99244 will be reviewed according to the 2002 Medical Fee Guideline.
4. The Requestor is seeking a total of \$200.00 for this date of service which is less than MAR , therefore, per Rule 134.202 (d), reimbursement in the amount of \$200.00 is recommended.

**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)  
 28 Texas Administrative Code Sec. §134.1, §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 \$200.00 plus accrued interest, due within 30 days of receipt of this Order.

Order:

04/13/07

\_\_\_\_\_  
 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.**