



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Jeffrey D. Reuben, M.D. 4126 Southwest Freeway, Suite 700 Houston, Texas 77027	MFDR Tracking #: M4-07-3724-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: ZURICH AMERICAN INSURANCE COMPANY REP BOX #: 19	Date of Injury:
	Employer Name: Lifetouch, Inc.
	Insurance Carrier #: 002497001049WC01

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "...The carrier originally denied the claim based on not being preauthorized. An appeal was submitted providing proof of authorization, but the claim is now being denied as a duplicate bill. Concentra authorized physical therapy on October 13, 2006 with 1799953 as the certification number. The proof submitted warrants reimbursement..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500
3. EOBs
4. Medical Records
5. Preauthorization Approval Letter dated 10/13/06

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...Pre auth appvd. 12 visits of P.T. from 11/8/06 thru 1/8/07. Pre auth did not cover this date..."

Principle Documentation:

1. Response to DWC 60 package

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
11/17/06	62/18	97032--Electrical Stimulation	1 - 8	\$20.34
		97140--Manual Therapy		\$33.33
		97530 x 2—Therapeutic Activities		\$74.32
		97110 x 2—Therapeutic Exercises		\$71.72
Total Due:				\$199.71

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 codes 97032, 97140, 97530 X 2 Units and 97110 X 2 Units for date of service 11/17/06 that was denied with reason codes “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization” and “18—Duplicate claim/service.”
2. Preauthorization approval # 1799953 was given on 10/13/06 for Physical Therapy, 4 x week for 3 weeks (CPT codes 97032, 97140, 97530 and 97110), 12 visits, with a start date of 10/09/06 and an end date of 12/09/06.
3. Preauthorization approval # 1819919 was given on 11/13/06 for Physical Therapy, 4 x week for 3 weeks (CPT codes 97032, 97140, 97530 and 97110), 12 visits, with a start date of 11/08/06 and an end date of 01/08/07.
4. The disputed date of service was covered in both preauthorization approval letters, therefore, this is an invalid denial by the respondent.
5. The denial for “duplicate claim/service” was the denial for reconsideration and not a duplicate claim, therefore, this is also an invalid denial reason by the respondent.
6. Rule 134.600(c)(i)(B), states, “...The carrier is liable for all reasonable and necessary medical costs relating to the health care...listed in subsection (p) or (q) of this section only when the following situations occur...preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care...”
7. According to Rule 134.202(b), CPT code 97530 is considered mutually exclusive to CPT code 97140 billed on the same date of service. A -59 modifier was billed to differentiate between the services provided; therefore, separate payment is considered justifiable.
8. Per 134.202(b) and (c)(1), it is the conclusion of the Division that reimbursement is as follows:

CPT Code 97032--\$20.34 (\$16.27 x 125%);
CPT Code 97140--\$33.33 (\$26.66 x 125%);
CPT Code 97530--\$74.32 (\$29.73 x 125% x 2 Units billed); and
CPT Code 97110--\$71.72 (\$28.69 x 125% x 2 Units billed)
TOTAL REIMBURSEMENT: \$199.71
9. A referral was made to Legal and Compliance against the Respondent for violation of Rule 134.600(c)(i)(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)
28 Texas Administrative Code Sec. §134.1, §134.202
28 Texas Administrative Code Sec. §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 \$199.71 plus accrued interest, due within 30 days of receipt of this Order.

Decision:

04/16/07

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.