



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:	MFDR Tracking #:	M4-07-3756-01
Imaging Center Partnership dba SW Diagnostic I 8230 Walnut Hill Ln Ste 100 Dallas, TX 75231-4472	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #:	Date of Injury:	
TPCIGA For Reliance National Indemnity Rep Box #: 50	Employer Name:	TXU CORP
	Insurance Carrier #:	003960000573740001

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, "Crawford & Company bundled CPT code 74000 with 74270, even though they can be billed separately if the provider uses a modifier according to the National Correct Coding Policy Manual (see attached). We used a 59. We wrote a request for reconsideration, but Crawford & Co. denied the charge again on 1/4/07."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondent did not submit a response to the DWC-60.

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 75231 is located in Dallas county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
08/25/06	97A, W4H	74000-TC-59 (\$21.73 x 125%)	1, 2	\$27.16
Total Due:				\$27.16

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. These services were denied by the Respondent with reason code "97A – Payment is included in the allowance for another service/procedure" and "W4H – No additional reimbursement allowed after review of appeal/reconsideration."
2. Per Rule 134.202(b) CPT Code 74000 is considered to be a component procedure to CPT code 74270, also billed on 08/25/06; however, a modifier is allowed to differentiate between the services provided. The Requestor's CMS-1500 supports that this code was billed with a modifier –59; therefore per Rule 134.202(c)(1) reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202

PART VII: DIVISION 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 \$27.16 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

05/18/07

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.