



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:

Nestor Martinez, D.C.
6660 Airline Drive
Houston, TX 77037

MDR Tracking No.: M4-07-3878-01

Claim No.:

Injured Employee's Name:

Respondent's Name:
Utica National Insurance Co. of Texas

Rep Box # 01

Date of Injury:

Employer's Name: Spooltech Inc.

Insurance Carrier's No.: 1210296

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

Requestor's Position Summary: Per Requestors' Table of Disputed Services, "Our facility had pre-authorization for these services."

Principle Documentation:

1. DWC 60 package
2. CMS 1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...The medical charges in question were denied as the provider failed to provide or use the correct modifier for the type of provider. The bills were submitted for reconsideration in October 2006, but the provider failed to correct this error."

Principle Documentation:

1. Response to DWC 60
2. CMS 1500's
3. EOBs

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code	Part V Reference	Additional Amount Due (if any)
04/11/06 – 04/28/06	W1 MU / W1 MU	97110	1, 2	\$215.18
04/11/06 – 04/24/06	W1 MZ / W1 MU	97140	1, 3	\$199.98
04/11/06 – 04/24/06	W1 MZ / W1 MU	97112	1, 4	\$111.48
04/26/06 – 04/28/06	W1 MZ / W1 MU	97112, 97140, 97110	1, 5	\$00.00
TOTAL DUE				\$526.64

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. Requestor obtained pre-authorization under Concurrent Review Determination #71156823-1 for continued physical therapy 3 times a week X 2 weeks (six sessions) to be completed by 05/07/06. Requestor billed for 8 sessions, which exceeded the number of preauthorized sessions.

2. CPT code 97110 billed for dates of service 04/11/06 – 04/24/06 was denied by carrier with denial code “W1:MU” (Physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day). Requestor received preauthorization for CPT code 97110, therefore, per rule 134.202 (c)(1) reimbursement is recommended in the amount of **\$215.18** ($\$28.69 \times 125\% = \$35.86 \times 2 \text{ (units)} \times 3 \text{ (days)} = \215.16).

3. CPT code 97140 billed for dates of service 04/11/06 – 04/24/06 was denied by carrier with denial code “W1:MZ” (The usual treatment session provided in the home or office setting is 30 to 45 minutes. The medical necessity of services for an unusual length of time must be documented). Requestor received preauthorization, therefore per rule 134.202 (c) (1) reimbursement is recommended in the amount of **\$199.98** ($\$26.66 \times 125\% = \$33.33 \times 6 \text{ (days)} = \199.98).

4. CPT code 97112 billed for dates of service 04/11/06 – 04/24/06 was denied by carrier with denial codes “W1:MU” (Physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day) and “W1:MZ” (The usual treatment session provided in the home or office setting is 30 to 45 minutes. The medical necessity of services for an unusual length of time must be documented). Requestor received preauthorization, therefore per rule 134.202 (c) (1) reimbursement is recommended in the amount of **\$111.48** ($\$29.73 \times 125\% = \$37.16 \times 3 \text{ (Days)} = \111.48).

5. CPT codes 97112, 97140, 97110 billed for dates of service 04/26/06 – 04/28/06 were billed outside the pre-authorization timeframe. Requestor exceeded the number of preauthorized sessions per Rule 134.600(e), therefore reimbursement is not recommended.

CPT codes 97140, 97110 and 97112 were denied for medical necessity after pre-authorization was obtained; therefore, a Legal & Compliance Referral has been made against the Respondent for violation of rule 134.600 (b)(1)(B).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202 134.600

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 additional reimbursement in the amount of **\$526.64**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

_____	_____	05/08/07
Authorized Signature	Typed Name	Date of Order

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.