



**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**PART I: GENERAL INFORMATION**

Requestor's Name and Address:  Southwest Medical Examination Services, Inc. 7502 Greenville Ave., Ste. 600 Dallas, TX 75231	MFDR Tracking #: M4-07-4737-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:  Dallas ISD Box #42	Date of Injury:
	Employer Name: Dallas ISD
	Insurance Carrier #: 2005035649

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

Requestor's Position Summary taken from the Table of Disputed Services: "Required test for RTW/EMC exam."

Principle Documentation:

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

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

Respondent's Position Summary: "No additional allowance is recommended...Per the AMA guidelines; this test is part of performing the physical exam."

Principle Documentation:

1. Response to DWC 60

**PART IV: SUMMARY OF FINDINGS**

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
4-3-06	97H, W4	95831 (2 units)	1-2	\$62.68
<b>Total Due:</b>				\$62.68

**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, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code "97h-Payment is included in the allowance for another service/procedure; and W4-No additional reimbursement allowed after review of appeal/reconsideration."
2. According to Rule 134.202(e)(7), "Testing that is required shall be billed using the appropriate CPT code and reimbursed in addition to the examination fee." On this date, the Requestor billed CPT code 99456-59-RE for the examination and CPT codes 95851 and 95831 for the testing. CPT code 95831 is not global to any other service billed on this date. Per

Commissioner's Bulletin #B-0006-06, "The CY 2005 conversion factor of \$37.8975 is to be used effective immediately when calculating MAR for services provided on or after January 1, 2006." The MFG MAR for CPT code 95831 in Collin County is \$32.83 or less per Rule 134.202(d)(2). Per the Table of Disputed services, the Requestor is seeking medical dispute resolution for  $\$31.34 \times 2 = \$62.68$ , this amount 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 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 \$62.68 plus accrued interest, due within 30 days of receipt of this Order.

**ORDER / DECISION:**

Elizabeth Pickle, RHIA

June 21, 2007

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.**