



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 #: M4-07-4796-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: Old Republic Insurance Co. Box #42	Date of Injury:
	Employer Name: Levi Strauss & Co.
	Insurance Carrier #: 35962900260777

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary:

"Carrier requested 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:

"See attached EOBs, payment screens. Carrier stands by the audits of 10/9/06 and 3/28/07."

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
4-18-06	W3, W4	99456-RE	1-4	\$50.00
Total Due:				

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 "W3 – Supplemental payment recommended due to Accumulated data entry error; W3 – Additional payment made on appeal/reconsideration; W4 – Recommendation(s) will stand as they were previously defined and no addl recommendation is due based on the DWC medical fee guidelines/rules; and W4 – No additional reimbursement is allowed after review of appeal/reconsideration."
2. The Requestor submitted an updated table and indicated that the only service that remains in dispute is 99456-RE.
3. According to Rule 134.202(e)(7), "Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a commission or insurance carrier requested RTW/EMC examination that is not for the purpose of

certifying MMI and/or assigning an IR (e.g., a medical necessity issue), the examining doctor shall bill and be reimbursed using the "Work related or medical disability examination by other than the treating physician..." CPT code with modifier "RE." The reimbursement shall be \$350.00 and shall include commission-required reports. Testing that is required shall be billed using the appropriate CPT code and reimbursed in addition to the examination fee."

4. On this date, the Requestor billed \$700.00 for CPT code 99456-RE. Therefore, Per Rule 134.202(e)(7), the Requestor is entitled to \$350.00. The insurance carrier paid \$300.00. The Requestor is entitled to additional reimbursement of \$50.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202
Advisory 2004-06

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 additional reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$50.00 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.