



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:	MFDR Tracking #: M4-07-5014-01 Previous #: M4-06-5333-01 M4-06-5515-01
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:
New Hampshire Insurance Co Rep Box #: 19	Employer Name: AMR CORP
	Insurance Carrier #: YMLC02196

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Requestor did not submit a position summary.

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondent has not submitted a Position Summary; however, the Respondent's rationale on the Table of Disputed Services states, "Incidental to 73222."

Principle Documentation:

1. Response to 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
09/07/05	97 / 97	76003-TC (\$55.59 x 125%)	1, 2	\$69.48
Total Due:				\$69.48

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 initially denied by the Respondent with reason code "97- Pymnt is incl in the allow for another srv. The srvc s lised [sic] under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed." Upon reconsideration this service was denied with reason code "97 – Pymnt is included in the allowance for another srv/px. Included in global reimbursement. Reimbursement is being withheld as this procedure is considered integral to the primary proc billed."

2. Per Rule 134.202(b), CPT code 76003 is not integral to any other code billed on the CMS-1500 submitted by the Requestor. Per Rule 134.202(c)(1) reimbursement for CPT code 76003-TC is \$69.49; however, the Requestor listed \$69.48 as the amount in dispute; therefore, this is the amount recommended for reimbursement per Rule 134.202(d)(2).

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 \$69.48 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature

Medical Fee Dispute Resolution Officer

05/21/07

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.