Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Dr. Angela Upchurch 4924 Greenville Ave., Ste. 100 Dallas, TX 75206	MFDR Tracking #: M4-04-9745-01 DWC Claim # Injured Emplo
Respondent Name and Box #: ZNAT Insurance Co. Rep. Box # 47	Date of Injury: Employer Nam Insurance Carr

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Per CCH Decision and Order dated 10/24/03."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Total Amount Sought - $13,881.43

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "These charges were reviewed per the TWCC MFG; however, we will re-review them for accuracy and issue additional payment if any is due."

Principle Documentation:

1. DWC 60 package

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	CPT Code(s) and Calculations	Denial Codes	Part V Reference	Amount Due
7-23-03 7-25-03 7-28-03 7-30-03	99213	E	1-3	$192.00
7-23-03 7-25-03 7-28-03 7-30-03	97110 (4 units)	E	1, 2, 4	$560.00
7-23-03 7-25-03 7-28-03 7-30-03	97112 (4 units)	E	1, 2, 5	$560.00

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7-25-03 7-30-03	97265	E	1, 2, 6	$86.00
7-23-03 7-28-03 7-30-03	97032	E	1, 2, 7	$66.00
7-25-03	97122	E	1, 2, 8	$35.00
7-28-03	97010	E	1, 2, 9	$11.00
8-1-03 8-4-03 8-6-03 8-8-03 8-11-03 8-13-03 8-15-03 8-19-03 8-20-03 8-22-03 8-25-03 8-27-03 8-29-03 9-3-03 9-5-03 9-8-03 9-10-03 9-11-03 9-15-03 9-18-03 9-22-03 9-25-03 9-30-03 10-2-03 10-3-03 10-9-03 10-14-03 10-15-03 10-17-03 10-22-03	99213 (30 dates)	E	1, 2, 10	$1,985.70

8-1-03 8-4-03 8-6-03 8-8-03 8-11-03 8-13-03 8-15-03 8-20-03 8-22-03 8-25-03 8-27-03 8-29-03 9-3-03 9-5-03 9-8-03 9-10-03 9-11-03 9-15-03 9-18-03 9-22-03 9-25-03 9-30-03 10-2-03 10-3-03 10-9-03 10-14-03 10-15-03 10-17-03 10-22-03	97110 (4 units) (29 dates)	E	1, 2, 11	$4,164.40

8-1-03 8-4-03 8-6-03 8-8-03 8-11-03 8-13-03 8-15-03 8-20-03 8-22-03 8-25-03 8-27-03 8-29-03 9-3-03 9-5-03 9-8-03 9-10-03 9-11-03 9-15-03 9-18-03 9-22-03 9-25-03 9-30-03 10-2-03 10-3-03 10-9-03 10-14-03 10-15-03 10-17-03 10-22-03	97112 (4 units) (29 dates)	E	1, 2, 12	$4,285.04
8-1-03 8-4-03 8-6-03 8-8-03 8-11-03 8-13-03 8-15-03 8-19-03 8-20-03 9-3-03 9-25-03 10-2-03 10-3-03 10-17-03	97140 (14 dates)	E	1, 2, 13	$476.70

8-1-03 8-6-03 8-15-03 8-19-03 8-20-03 8-22-03 8-25-03 9-5-03 9-18-03 9-22-03 9-25-03 10-3-03 10-14-03 10-17-03	98940 (14 dates)	E	1, 2 ,14	$463.12
8-11-03 9-8-03	99080-73	E	1, 2, 15	$30.00
8-11-03 8-13-03 8-27-03	98941	E	1, 2, 16	$137.22
8-15-03	L0540	E	1, 2, 17	$419.85
8-26-03 10-6-03	97750 (5)	E	1, 2, 18	$369.40
10-3-03 10-17-03	97010	E	1, 2, 19	$0.00
Total Due:				$13,841.43

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011 (a-d), titled *Reimbursement Policies and Guidelines,* and Division Rules 134.201 effective 4-1-96 and 134.202, titled *Medical Fee Guideline* effective for professional medical services provided on or after August 1, 2003, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code "E-Entitlement to benefits."
2. On 2-11-03 the claimant sustained a compensable low back injury; therefore, the disputed services will be reviewed per MFG.
3. Per the 1996 MFG, CPT code 99213 – office visits has a MAR of $48.00. From 7-23-03 thru 7-30-03, the Requestor billed for four (4) office visits; therefore, $48.00 X 4 = $192.00, this amount is recommended.
4. Per the 1996 MFG, CPT code 97110 – therapeutic procedures has a MAR of $35.00/15 mins. From 7-23-03 thru 7-30-03, the Requestor billed for four units on four dates; therefore, $35.00 X 4 = $140.00.00 X 4 dates = $560.00, this amount is recommended.
5. Per the 1996 MFG, CPT code 97112 – neuromuscular re-education has a MAR of $35.00/15 mins. From 7-23-03 thru 7-30-03, the Requestor billed for four units on four dates; therefore, $35.00 X 4 = $140.00.00 X 4 dates = $560.00, this amount is recommended.
6. Per the 1996 MFG, CPT code 97265 – joint mobilization has a MAR of $43.00. From 7-25-03 thru 7-30-03, the Requestor billed for two units; therefore, $43.00 X 2 = $86.00, this amount is recommended.
7. Per the 1996 MFG, CPT code 97032 – electric stimulation has a MAR of $22.00/15 mins. From 7-23-03 thru 7-30-03, the Requestor billed for three (3) units; therefore, $22.00 X 3 = $66.00, this amount is recommended.
8. On 7-25-03, the Requestor billed CPT code 97122-manual traction. Per the 1996 MFG, CPT code 97122 has a MAR of $35.00, this amount is recommended.
9. On 7-28-03, the Requestor billed CPT code 97010-hot/cold packs. Per the 1996 MFG, CPT code 97010 has a MAR of $11.00, this amount is recommended.

10. From 8-11-03 thru 10-22-03 the Requestor billed for thirty (30) office visits. Per Rule 134.202(b), the maximum allowable reimbursement, (MAR), is determined by locality. A review of Box 32 on CMS-1500 indicates that the zip code 75206 is the locality. This zip code is located in Dallas County. The MAR for CPT code 99213 in Dallas County is $66.19 X 30 dates = $1,985.70

11. From 8-1-03 thru 10-22-03 the Requestor billed for CPT code 97110 (X4) on twenty nine (29) dates. Per Rule 134.202, the MAR for CPT code 97110 in Dallas County is $35.90 X 4 = $143.60 X 29 dates = $4,164.40.

12. From 8-1-03 thru 10-22-03 the Requestor billed for CPT code 97112 (X4) on twenty nine (29) dates. Per Rule 134.202, the MAR for CPT code 97112 in Dallas County is $33.94 X 4 = $147.76 X 29 dates = $4,285.04.

13. From 8-1-03 thru 10-17-03 the Requestor billed CPT code 97140 – manual therapy for fourteen dates. Per Rule 134.202, the MAR for CPT code 97140 in Dallas County is $34.05 X 14 dates = $476.70.

14. From 8-1-03 thru 10-17-03 the Requestor billed CPT code 98940 – chiropractic manipulation for fourteen dates. Per Rule 134.202, the MAR for CPT code 98940 in Dallas County is $33.08 X 14 dates = $463.12.

15. On 8-11-03 and 9-8-03, the Requestor billed for CPT code 99080-73. Per Rule 129.5(i) the MAR for a DWC-73 report is $15.00 X 2 dates = $30.00, this amount is recommended.

16. From 8-1-03 thru 8-27-03 the Requestor billed CPT code 98941 – chiropractic manipulation for three dates. Per Rule 134.202, the MAR for CPT code 98941 in Dallas County is $45.74 X 3 dates = $137.22.

17. On 8-15-03, the Requestor billed HCPCs code L0540. The MAR for L0540 is $419.85, this amount is recommended.

18. On 8-26-03 and 10-6-03 the Requestor billed CPT code 97750-PPE for five (5) units on both dates. Per Rule 134.202, PPE is not a valid modifier. CPT code 97750 has a MAR of $36.94 in Dallas County X 5 = $184.70 times two (2) dates = $369.40.

19. On 10-3-03 and 10-17-03, the Requestor billed CPT code 97010-hot/cold packs. Per Rule 134.202(b), CPT code 97010 is not reimbursable.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1, Section. 134.202, 134.201
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 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 $13,841.43 plus applicable accrued interest per Division Rule 134.803, due within 30 days of receipt of this Order.

ORDER :

[redacted]	[redacted]	May 15, 2008
Authorized Signature	Medical Fee Dispute Resolution Manager	Date

DECISION:

[redacted]	[redacted]	May 15, 2008
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

[redacted]

[redacted]

[redacted]

[redacted]

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.