



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

CARL M NAEHRITZ III DC

Respondent Name

LIBERTY INSURANCE CORP

MFDR Tracking Number

M4-08-2062-02

Carrier's Austin Representative

Box Number 01

MFDR Date Received

November 26, 2007

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On November 14, 2006, Dr. Naehritz submitted a request for treatment and was given approval starting November 16, 2006 for 12 sessions. On December 19, 2006, another request were [sic] submitted and given approval for 8 sessions. On January 24, 2006 approval for 8 more sessions were [sic] given. During the approved treatment time, [injured worker] had a BRC, which was held on March 21, 2007, that confirmed that [injured employee] did sustain a compensable injury on [DOI]. These dates of service have been resubmitted more then [sic] five times to receive payment, when we had the approval for treatment on this patient. Liberty Mutual Insurance Company continued to deny payments for services 11-14-06 through 8-6-07, when we had received authorization approval to treat the patient from Liberty Mutual Authorization Department, and the patient had won the BRC."

Amount in Dispute: \$ 5,175.58

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "On some dates of service the provider is seeking additional reimbursement however, the charges were reimbursed in accordance with their contract with their PPO contract with First Health. Other dates of service are denied in accordance with the provider's contract with Medrisk which became effective on 12/10/06. It appears that the provider directly billed Liberty Mutual for some dates of service and directly billed Medrisk for other. When a Health Care Provider becomes contracted with Medrisk, they should send their bills to Medrisk for reimbursement and Medrisk will bill the carrier and be reimbursed by the carrier."

Response Submitted by: Liberty Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 14, 2006 through August 6, 2007	A9300, 95900, 95903, 95904, 95934, 76800, 76856, A4595, 97140, 97530, 99213, G0283, 97110, 97112, 97035, 99215, 99455, 99354, 99204, A9150, E1399, 72110, 99372, 99214, L3350, A4595 and E0230	\$5,175.58	\$978.63

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.202 sets out the medical fee guidelines for professional services provided between August 1, 2003 and March 1, 2008.
3. Former 28 Texas Administrative Code §134.600 sets out the guidelines for Preauthorization, Concurrent Utilization Review, and Voluntary Certification of Health Care.
4. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- P303 – This service was reviewed in accordance with your contract.
- PA – First Health.
- Z710 – This charge for this procedure exceeds the fee schedule allowance.
- Z612 – This bill was reviewed in accordance with your contract with First Health.
- Z989 – The amount paid previously was less than is due. The current recommended amount is the result of the supplemental payment.
- B291 – This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed.
- 45 – Charges exceed your contracted/legislated fee arrangement.
- W10 – No maximum allowable defined by fee guideline. Reimbursement made based on insurance carrier fair and reasonable reimbursement methodology.
- 42 – Charges exceed our fee schedule or maximum allowable amount. .
- X170 – Pre-authorization was required, but not requested for this service per TWCC Rule 134.600.
- X158 – Must be sent to Medrisk for re-pricing. Payment is withheld pending receipt of Medrisk's instructions for payment.
- Z651 – This charge has been reimbursed according to the appropriate fee schedule or usual and customary value.
- X059 – Payment is not recommended for charges related to research, experimental or investigative services, and/or drugs or treatment which have not been approved by the division of Worker's compensation or authorized by the carrier.
- Z652 – Recommendation of payment has been based on a procedure code which best describes services rendered.
- X260 – Per CPT guidelines, nerve conduction studies are paid per nerve, not per site along the same nerve.
- U301 – This item was reviewed on a previously submitted bill, or on this bill, with notification of decision issued to payer or provider (duplicate billed).
- X598 – Claim has been re-evaluated based on additional documentation submitted; no additional payment due.

SOAH Remand

Dispute M4-08-2062 was originally decided on October 24, 2008 and subsequently appealed to a contested case hearing at the State Office of Administrative Hearings (SOAH) under case number 454-09-1413.M4. This dispute was then remanded to the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) pursuant to a April 9, 2009 SOAH order of remand. As a result of the remand order, the dispute was re-docketed at medical fee dispute resolution and is hereby reviewed.

Issues

1. Was the workers' compensation insurance carrier entitled to pay the health care provider at a contracted rate?
2. Did the requestor waive the right to medical fee dispute resolution for dates of service November 14, 2006, November 15, 2006 and November 17, 2006?
3. Did the requestor submit sufficient documentation to support that preauthorization was obtained for the physical therapy services?
4. What is the CPT Manual's definition of modifier -59?
5. Did the requestor bill in conflict with the NCCI edits?
6. Did the requestor submit documentation to support that the services were rendered as billed?
7. What is the MAR reimbursement for the CPT codes eligible for reimbursement?
8. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier reduced disputed services with reason code "45 – Charges exceed your contracted/legislated fee arrangement." Review of the submitted information supports that a contract was in effect for dates of service prior to December 1, 2006. Therefore, dates of service November 14, 2006, November 15, 2006 and November 17, 2006 will be reviewed pursuant to the contract agreement.

The insurance carrier submitted insufficient documentation to support that the disputed dates of service December 1, 2006 through August 6, 2007 were subject to a contractual fee arrangement between the parties to this dispute. The disputed services rendered on December 1, 2006 through August 6, 2007 will be reviewed for payment in accordance with applicable Division rules and fee guidelines.

2. 28 Texas Administrative Code §133.307(c) (1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request." The dates of the services in dispute are November 14, 2006, November 15, 2006 and November 17, 2006. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on November 26, 2007. The Division concludes that the requestor has failed to timely file dates of the services November 14, 2006, November 15, 2006 and November 17, 2006 with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

The Division finds that the requestor has waived the right to medical fee dispute resolution for dates of the services November 14, 2006, November 15, 2006 and November 17, 2006. For that reason, the merits of the issues raised by both parties for these dates of service have not been addressed.

3. Former 28 Texas Administrative Code §134.600 "(p) Non-emergency health care requiring preauthorization includes: (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to: (i) Modalities, both supervised and constant attendance; (ii) Therapeutic procedures, excluding work hardening and work conditioning ..."

Review of the preauthorization letters submitted by the requestor document the following:

Preauthorization letter dated November 16, 2006 issued by Liberty Mutual indicates that unlisted therapeutic procedures were preauthorized for twelve out-patient lumbar physical therapy sessions, three times a week for one month with a service date of 11/16/2006 for 12 day(s) or visit(s) and 1 month(s), if applicable.

Review of the submitted documentation (CMS-1500s and EOBs) support that dates of service November 17, 2006, November 20, 2006, November 21, 2006, December 1, 2006, December 4, 2006, December 6, 2006, December 8, 2006, December 13, 2006 and December 20, 2006 were preauthorized. The dates of service November 17, 2006, November 20, 2006 and November 21, 2006 were untimely (refer to # 2 for position). The dates of service December 1, 2006, December 4, 2006, December 6, 2006, December 8, 2006, December 13, 2006 and December 20, 2006 were preauthorized therefore will be reviewed pursuant to 28 Texas Administrative Code §134.202 (b).

Preauthorization letter dated December 21, 2006 issued by Liberty Mutual indicates that unlisted therapeutic procedures were preauthorized for physical therapy 2 times per week for 4 weeks – lumbar spine with an expected start date of December 21, 2006 and an expected end date of January 21, 2007 for 8 day(s) or visit(s) and 4 weeks.

Review of the submitted documentation (CMS-1500s and EOBs) support that dates of service January 5, 2007, January 8, 2007, January 12, 2007, January 15, 2007 and January 19, 2007. As a result, the division will review the disputed charges pursuant to 28 Texas Administrative Code §134.202 (b).

Preauthorization letter dated January 30, 2007 issued by Liberty Mutual indicates that unlisted therapeutic procedures were preauthorized for physical therapy of the lumbar spine (twice a week for three weeks) with a service date of January 24, 2007 for 6 day(s) or visit(s) and 3 weeks, if applicable.

Review of the submitted documentation (CMS-1500s and EOBs) support that dates of service January 26, 2007, January 29, 2007, February 1, 2007, February 7, 2007, February 9, 2007 and February 12, 2007. As a result, the division will review the disputed charges pursuant to 28 Texas Administrative Code §134.202 (b).

The requestor submitted insufficient documentation to support that the remaining disputed physical therapy charges rendered on February 16, 2007 through April 11, 2007 were preauthorized, as result, reimbursement for these services cannot be recommended.

4. The *CPT Manual* defines modifier -59 as follows: Modifier -59: "Distinct Procedural Service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."
5. Per 28 Texas Administrative Code §134.202 "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section.

The division completed NCCI edits to identify edit conflicts that may affect reimbursement. The following was identified:

Date of service, December 4, 2006; the requestor billed the following CPT codes; 97140-59, 97530-59, 99213-59, G0283, 97110, 97112-59, 97035, 95900, 95903, 95904, and 95934, 76800, 76856, 76880. "Per CCI Guidelines, Procedure Code 95900 has a CCI conflict with Procedure Code 95903. Review documentation to determine if a modifier is appropriate" and "Per CCI Guidelines, Procedure Code 97530 has a CCI conflict with Procedure Code 97140. Review documentation to determine if a modifier is appropriate."

Date of service, December 8, 2006, requestor billed the following CPT codes; 97140-59, 97530-59, 99213-59, G0283, 97110, 97112-59, 97035. "Per CCI Guidelines, Procedure Code 97530 has a CCI conflict with Procedure Code 97140." The requestor appended modifier -59 to CPT code 97530.

Date of service, December 13, 2006; requestor billed the following CPT codes; 97140-59, 97530-59, 99213-59, G0283, 97110, 97112-59, 97035. "Per CCI Guidelines, Procedure Code 97530 has a CCI conflict with Procedure Code 97140." The requestor appended modifier -59 to CPT code 97530.

Date of service, January 5, 2007; the requestor billed the following CPT codes; 97140-59, 97530-59, 99213-59, G0283, 97110, 97112-59, 97035. "Per CCI Guidelines, Procedure Code 97530 has a CCI conflict with Procedure Code 97140." The requestor appended modifier -59 to CPT code 97530.

Date of service, January 26, 2007; the requestor billed the following CPT codes; 97140-59, 97530-59, 99213-59, G0283, 97110, 97112-59, 97035. "Per CCI Guidelines, Procedure Code 97530 has a CCI conflict with Procedure Code 97140." The requestor appended modifier -59 to CPT code 97530.

Date of service, January 29, 2007; the requestor billed the following CPT codes; 97140-59, 97530-59, 99213-59, G0283, 97110, 97112-59. "Per CCI Guidelines, Procedure Code 97530 has a CCI conflict with Procedure Code 97140." The requestor appended modifier -59 to CPT code 97530.

Date of service, February 1, 2007; the requestor billed the following CPT codes; 97140-59, 97530-59, 99213-59, G0283, 97110, 97112-59, 97035. "Per CCI Guidelines, Procedure Code 97530 has a CCI conflict with Procedure Code 97140." The requestor appended modifier -59 to CPT code 97530.

Date of service, February 7, 2007; the requestor billed the following CPT codes; 97140-59, 97530-59, 99213-59, G0283, 97110, 97112-59. "Per CCI Guidelines, Procedure Code 97530 has a CCI conflict with Procedure Code 97140." The requestor appended modifier -59 to CPT code 97530.

Date of service, February 9, 2007; the requestor billed the following CPT codes; 97140-59, 97530-59, 99213-59, G0283, 97110, 97112-59, 97035. "Per CCI Guidelines, Procedure Code 97530 has a CCI conflict with Procedure Code 97140." The requestor appended modifier -59 to CPT code 97530.

Date of service, February 12, 2007; the requestor billed the following CPT codes; 97140-59, 97530-59, 99213-59, G0283, 97110, 97112-59. "Per CCI Guidelines, Procedure Code 97530 has a CCI conflict with Procedure Code 97140." The requestor appended modifier -59 to CPT code 97530.

The division finds that the requestor did not submit sufficient documentation to support the billing of modifier -59 appended to CPT code 97530. As a result, reimbursement cannot be recommended for CPT code 97530-59, for the following dates of service; December 8, 2006, December 13, 2006, January 5, 2007, January 26, 2007, January 29, 2007, February 1, 2007, February 7, 2007, February 9, 2007 and February 12, 2007.

The division finds that the requestor did not submit sufficient documentation to support the billing of modifier -59 appended to CPT code 95900 rendered on December 4, 2006. As a result, reimbursement cannot be recommended for CPT code 95900-59.

6. Per 28 Texas Administrative Code §133.307 “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (M) a copy of all applicable medical records related to the dates of service in dispute.”

The requestor seeks reimbursement for HCPCS code A4595-SU “Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)” rendered on December 6, 2007, March 6, 2007, July 10, 2007 and August 6, 2007. The requestor did not submit sufficient documentation to support the billing of HCPCS code A4595-SU. As a result, reimbursement cannot be recommended.

The requestor seeks reimbursement for HCPCS code A9300-NU “Exercise equipment, rental” rendered on December 1, 2006, December 4, 2006 and December 20, 2006. The requestor did not submit sufficient documentation to support the billing of HCPCS code A9300-NU. As a result, reimbursement cannot be recommended.

The requestor seeks reimbursement for CPT codes 76800-TC and CPT code 76856-TC rendered on December 4, 2006. The requestor did not submit sufficient documentation to support the billing of CPT code 76800-TC and CPT code 76856-TC. As a result, reimbursement cannot be recommended.

The requestor seeks reimbursement for CPT code 99213 rendered on December 8, 2006, December 13, 2006, January 5, 2007, January 8, 2007, January 12, 2007, January 15, 2007, January 22, 2007, January 26, 2007, January 29, 2007, February 1, 2007, February 7, 2007, February 9, 2007, February 12, 2007, February 16, 2007, February 28, 2007, March 7, 2007, March 14, 2007, March 22, 2007, March 30, 2007 and April 2, 2007. The requestor did not submit sufficient documentation to support the billing of CPT code 99213. As a result, reimbursement cannot be recommended.

The requestor seeks reimbursement for CPT code 99215 rendered on January 19, 2007 and February 19, 2007. The requestor did not submit sufficient documentation to support the billing of CPT code 99215. As a result, reimbursement cannot be recommended.

The requestor seeks reimbursement for CPT codes 99455-RP and 99354-21 rendered on April 11, 2007. The requestor did not submit sufficient documentation to support the billing of CPT codes 99455-RP and 99354-21. As a result, reimbursement cannot be recommended.

7. Per 28 Texas Administrative Code §134.202 “(c) To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%. For Anesthesiology services, the same conversion factor shall be used.”

Per 28 Texas Administrative Code §134.202 “(d) In all cases, reimbursement shall be the least of the: (1) MAR amount as established by this rule; (2) health care provider's usual and customary charge ...”

Review of the submitted documentation finds that the requestor is entitled to reimbursement for the disputed charges as follows:

Date of service, December 4, 2006, CPT code 95903-TC x 4 units; 95904 x 8 units and 95934 x 2 units.

The MAR reimbursement for CPT code 95903-TC is \$44.58/unit x 4 units = MAR \$178.32. The insurance carrier issued payments after the filing of the MDR totaling \$312.01. The requestor seeks an additional payment of \$142.64, therefore no additional reimbursement is recommended for CPT code 95903.

The MAR reimbursement for CPT code 95904-TC is \$45.05/unit x 8 units = MAR \$360.40. The insurance carrier issued payments after the filing of the MDR totaling \$374.54. The requestor seeks an additional payment of \$288.32, therefore no additional reimbursement is recommended for CPT code 95904.

The MAR reimbursement for CPT code 95934-TC is \$10.85/unit x 2 units = MAR \$21.70. The insurance carrier issued payment after the filing of the MDR totaling \$89.37. The requestor seeks an additional payment of \$17.36, therefore no additional reimbursement is recommended for CPT code 95934.

The requestor is entitled to an additional reimbursement totaling \$0.00 for date of service December 4, 2006.

Date of service, December 8, 2006, CPT code 97140 x 2 units; G0283, 97110 x 2 units; 97112 x 2 units and 97035.

The MAR reimbursement for CPT code 97140 is \$32.59/unit x 2 units = MAR \$65.18. The insurance carrier issued payment in the amount of \$27.92. The requestor seeks \$32.11, therefore additional payment in the amount of \$4.19 is recommended.

The MAR reimbursement for CPT code G0283 is \$14.19. The insurance carrier issued payments totaling \$10.18. The requestor is therefore entitled to an additional payment in the amount of \$4.01.

The MAR reimbursement for CPT code 97110 is \$34.98/unit x 2 units = MAR \$69.96. The insurance carrier issued an additional payment after the MDR request in the amount of \$29.99. The requestor seeks an additional payment of \$32.79. The requestor is therefore entitled to an additional reimbursement in the amount of \$2.80.

The MAR reimbursement for CPT code 97112 is \$36.34/unit x 2 units = MAR \$72.68. The insurance carrier issued an additional payment after the MDR request in the amount of \$31.34. The requestor seeks an additional payment of \$36.21. The requestor is therefore entitled to an additional reimbursement in the amount of \$5.07.

The MAR reimbursement for CPT code 97035 is \$15.14. The insurance carrier issued a payment in the amount of \$4.36. The requestor seeks \$19.04 plus the previous payment of \$4.36 for a total of \$23.40. The requestor is entitled to the MAR amount of \$15.14 minus the previous payment of \$4.36 equals a recommended reimbursement of \$10.78.

The requestor is entitled to an additional reimbursement totaling \$26.85 for date of service December 8, 2006.

Date of service, December 13, 2006, CPT code 97140 x 2 units; G0283, 97110 x 2 units; 97112 x 2 units and 97035.

The MAR reimbursement for CPT code 97140 is \$32.59/unit x 2 units = MAR \$65.18. The requestor seeks \$32.11, therefore this amount is recommended.

The MAR reimbursement for CPT code G0283 is \$14.19. The insurance carrier issued a payment in the amount of \$4.09. The requestor is therefore entitled to an additional payment in the amount of \$10.10.

The MAR reimbursement for CPT code 97110 is \$34.98/unit x 2 units = MAR \$69.96. The requestor seeks an additional payment of \$33.57, therefore this amount is recommended.

The MAR reimbursement for CPT code 97112 is \$36.34/unit x 2 units = MAR \$72.68. The requestor seeks an additional payment of \$39.58, therefore this amount is recommended.

The MAR reimbursement for CPT code 97035 is \$15.14. The insurance carrier issued a payment in the amount of \$4.36. The requestor seeks \$19.04 plus the previous payment of \$4.36 for a total of \$23.40. The requestor is entitled to the MAR amount of \$15.14 minus the previous payment of \$4.36 equals a recommended reimbursement of \$10.78.

The requestor is entitled to an additional reimbursement totaling \$126.14 for date of service December 13, 2006.

Date of service, January 5, 2007, CPT code 97140 x 2 units; G0283, 97110 x 2 units; 97112 x 2 units and 97035.

The MAR reimbursement for CPT code 97140 is \$32.59/unit x 2 units = MAR \$65.18. The requestor seeks an additional payment of \$33.83, therefore this amount is recommended.

The MAR reimbursement for CPT code G0283 is \$14.19. The requestor seeks an additional payment of \$6.93, therefore this amount is recommended.

The MAR reimbursement for CPT code 97110 is \$34.98/unit x 2 units = MAR \$69.96. The requestor seeks an additional payment in the amount of \$33.42, therefore this amount is recommended.

The MAR reimbursement for CPT code 97112 is \$36.34/unit x 2 units = MAR \$72.68. The requestor seeks an additional payment in the amount of \$34.81, therefore this amount is recommended.

The MAR reimbursement for CPT code 97035 is \$15.14. The requestor seeks an additional payment of \$7.17, therefore this amount is recommended.

The requestor is entitled to an additional reimbursement in the amount of \$116.16 for date of service January 5, 2007.

Date of service, January 26, 2007; CPT code 97140 x 2 units; G0283, 97110 x 2 units and 97112 x 2 units.
The MAR reimbursement for CPT code 97140 is \$32.59/unit x 2 units = MAR \$65.18. The requestor seeks an additional payment of \$30.74, therefore this amount is recommended.
The MAR reimbursement for CPT code G0283 is \$14.19. The requestor seeks an additional payment of \$6.77, therefore this amount is recommended.
The MAR reimbursement for CPT code 97110 is \$34.98/unit x 2 units = MAR \$69.96. The requestor seeks an additional payment of \$32.64, therefore this amount is recommended.
The MAR reimbursement for CPT code 97112 is \$36.34/unit x 2 units = MAR \$72.68. The requestor seeks an additional payment of \$35.51, therefore this amount is recommended.
The requestor is entitled to an additional reimbursement in the amount of \$105.66 for date of service January 26, 2007.

Date of service, January 29, 2007; CPT code 97140 x 2 units; G0283, 97110 x 2 units and 97112 x 2 units.
The MAR reimbursement for CPT code 97140 is \$32.59/unit x 2 units = MAR \$65.18. The requestor seeks payment in the amount of \$49.88, therefore this amount is recommended.
The MAR reimbursement for CPT code G0283 is \$14.19. The requestor seeks payment in the amount of \$10.91, therefore this amount is recommended.
The MAR reimbursement for CPT code 97110 is \$34.98/unit x 2 units = MAR \$69.96. The requestor seeks payment in the amount of \$52.94, therefore this amount is recommended.
The MAR reimbursement for CPT code 97112 is \$36.34/unit x 2 units = MAR \$72.68. The requestor seeks payment in the amount of \$55.14, therefore this amount is recommended.
The requestor is entitled to an additional reimbursement in the amount of \$168.87 for date of service January 29, 2007.

Date of service, February 1, 2007, CPT code 97140 x 2 units; G0283, 97110 x 2 units; 97112 x 2 units and 97035.
The MAR reimbursement for CPT code 97140 is \$32.59/unit x 2 units = MAR \$65.18. The requestor seeks an additional payment of \$31.48, therefore this amount is recommended.
The MAR reimbursement for CPT code G0283 is \$14.19. The requestor seeks an additional payment of \$6.93, therefore this amount is recommended.
The MAR reimbursement for CPT code 97110 is \$34.98/unit x 2 units = MAR \$69.96. The requestor seeks an additional payment of \$33.42, therefore this amount is recommended.
The MAR reimbursement for CPT code 97112 is \$36.34/unit x 2 units = MAR \$72.68. The requestor seeks an additional payment of \$37.16, therefore this amount is recommended.
The MAR reimbursement for CPT code 97035 is \$15.14. The requestor seeks an additional payment of \$7.17, therefore this amount is recommended.
The requestor is entitled to an additional reimbursement in the amount of \$116.16 for date of service February 1, 2007.

Date of service, February 7, 2007; CPT code 97140 x 2 units; G0283, 97110 x 2 units; 97112 x 2 units.
The MAR reimbursement for CPT code 97140 is \$32.59/unit x 2 units = MAR \$65.18. The requestor seeks an additional payment of \$30.74, therefore this amount is recommended.
The MAR reimbursement for CPT code G0283 is \$14.19. The requestor seeks an additional payment of \$6.77, therefore this amount is recommended.
The MAR reimbursement for CPT code 97110 is \$34.98/unit x 2 units = MAR \$69.96. The requestor seeks an additional payment of \$34.16, therefore this amount is recommended.
The MAR reimbursement for CPT code 97112 is \$36.34/unit x 2 units = MAR \$72.68. The requestor seeks an additional payment of \$33.99, therefore this amount is recommended.
The requestor is entitled to an additional reimbursement in the amount of \$105.66 for date of service February 7, 2007.

Date of service, February 9, 2007; CPT code 97140 x 2 units; G0283, 97110 x 2 units; 97112 x 2 units; and 97035.

The MAR reimbursement for CPT code 97140 is \$32.59/unit x 2 units = MAR \$65.18. The requestor seeks an additional payment of \$33.83, therefore this amount is recommended.

The MAR reimbursement for CPT code G0283 is \$14.19. The requestor seeks an additional payment of \$6.93, therefore this amount is recommended.

The MAR reimbursement for CPT code 97110 is \$34.98/unit x 2 units = MAR \$69.96. The requestor seeks an additional payment of \$33.42, therefore this amount is recommended.

The MAR reimbursement for CPT code 97112 is \$36.34/unit x 2 units = MAR \$72.68. The requestor seeks an additional payment of \$34.81, therefore this amount is recommended.

The requestor is entitled to an additional reimbursement in the amount of \$108.99 for date of service February 9, 2007.

Date of service, February 12, 2007; CPT code 97140 x 2 units; G0283, 97110 x 2 units; and 97112 x 2 units.

The MAR reimbursement for CPT code 97140 is \$32.59/unit x 2 units = MAR \$65.18. The requestor seeks an additional payment of \$30.74, therefore this amount is recommended.

The MAR reimbursement for CPT code G0283 is \$14.19. The requestor seeks an additional payment of \$6.77, therefore this amount is recommended.

The MAR reimbursement for CPT code 97110 is \$34.98/unit x 2 units = MAR \$69.96. The requestor seeks an additional payment of \$32.64, therefore this amount is recommended.

The MAR reimbursement for CPT code 97112 is \$36.34/unit x 2 units = MAR \$72.68. The requestor seeks an additional payment of \$33.99, therefore this amount is recommended.

The requestor is entitled to an additional reimbursement in the amount of \$104.14 for date of service February 12, 2007.

- 8. Review of the submitted documentation finds that the requestor is entitled to an additional reimbursement in the amount of \$978.63.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$978.63.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$978.63. plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

April 16, 2014

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **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. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

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