



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION
Retrospective Medical Necessity and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Central Dallas Rehab 3500 Oak Lawn, Suite 380 Dallas, TX 75219	MDR Tracking No.: M5-04-2094-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Hartford Insurance Company, Box 27	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents included TWCC 60 form, Explanations of Benefits, Medical Documentation and CMS 1500's. Position summary states, "Our company bills only the MAR for all services. Please find copies of the available EOB's copies of the timely submitted HCFA forms and copies of medical records which support the billed charges."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No position summary or documentation was received.

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
	Medical necessity services were withdrawn by the requestor. They will not be a part of this review.		

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Based on review of the disputed issues within the request, the Division has determined that this dispute contained services that will be reviewed by Medical Dispute Resolution.

On 4-14-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 95851 on 9-22-03 and 11-24-03 was denied by the carrier as "F-the services listed under the procedure code are included in a more comprehensive code." According to the 2002 MFG this procedure is considered by Medicare to be a component procedure of 99213 which was billed on this date. Recommend no reimbursement.

CPT code 95833 on 9-23-03, 10-15-03, 11-18-03 was denied by the carrier as "F-the services listed under the procedure code are included in a more comprehensive code." According to the 2002 MFG this procedure is considered by Medicare to be a component procedure of 99213 which was billed on this date. Recommend no reimbursement.

Regarding CPT code 95851 on 10-6-03, and 10-21-03: Neither the carrier nor the requestor provided EOB's. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's per rule 133.307(e)(3)(B). According to the 2002 MFG this procedure is considered by Medicare to be a component procedure of 99213 or 99212 which were billed on this date. Recommend no reimbursement.

CPT code 99212 on 10-21-03 and 10-22-03 was denied by the carrier as "N – not appropriately documented." The requestor provided documentation to support delivery of services per Rule 133.307(g)(3)(A-F). The 2002 MFG lists the criteria for this CPT code as: "office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs." Per the documentation provided by the requestor, these criteria were documented. Recommend reimbursement of \$94.46 (\$47.23 X 2 DOS).

CPT code 97140 on 10-21-03 and 10-22-03 was denied by the carrier as "N – not appropriately documented." The requestor provided documentation to support delivery of services per Rule 133.307(g)(3)(A-F). Recommend reimbursement of \$68.10 (\$34.05 X 2 DOS).

CPT code 97110 on 10-21-03 and 10-22-03 was denied by the carrier as "N – not appropriately documented." The requestor provided documentation to support delivery of services and one-on-one supervision per Rule 133.307(g)(3)(A-F). Recommend reimbursement of \$272.40 (136.20 X 2 DOS).

CPT code 97012 on 10-21-03 and 10-22-03 was denied by the carrier as "N – not appropriately documented." The requestor provided documentation to support delivery of services per Rule 133.307(g)(3)(A-F). Recommend reimbursement of \$34.10 (\$17.15 X 2 DOS).

Regarding CPT code 97530 on 11-10-03 (2 units): Neither the carrier nor the requestor provided EOB's. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's per rule 133.307(e)(3)(B). Recommend reimbursement of \$68.96 (\$36.48 X 2 units).

CPT code 97112 on 11-24-03 (2 units) was denied by the carrier as "F-Reimbursement according to the Texas Medical Fee Guidelines." The EOB states that the carrier has reimbursed the requestor for 1 unit. This was not confirmed with the requestor. Recommend reimbursement of \$73.88 (\$36.94 X 2 DOS).

CPT code 97530 on 11-24-03 (2 units) was denied by the carrier as "F-Reimbursement according to the Texas Medical Fee Guidelines." The EOB states that the carrier has reimbursed the requestor for 1 unit. This was not confirmed with the requestor. Recommend reimbursement of \$72.96 (\$36.48 X 2 units).

CPT code 97110 on 11-24-03 (4 units) was denied by the carrier as "F-Reimbursement according to the Texas Medical Fee Guidelines." The EOB states that the carrier has reimbursed the requestor for 1 unit. This was not confirmed with the requestor. Recommend reimbursement of \$136.20.

Regarding CPT code 99213 on 12-1-03: Neither the carrier nor the requestor provided EOB's. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's per rule 133.307(e)(3)(B). Recommend reimbursement of \$66.19.

Regarding CPT code 99212 on 12-3-03: Neither the carrier nor the requestor provided EOB's. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's per rule 133.307(e)(3)(B). Recommend reimbursement of \$47.23.

Regarding CPT code 97112 on 12-1-03 (2 units) 12-03-03 (2 units): Neither the carrier nor the requestor provided EOB's. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's per rule 133.307(e)(3)(B). Recommend reimbursement of \$73.88 (\$36.94 X 2 units).

Regarding CPT code 97530 on 12-1-03 and 12-03-03: Neither the carrier nor the requestor provided EOB's. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's per rule 133.307(e)(3)(B). Recommend reimbursement of \$145.92 (72.96 X 4 units).

Regarding CPT code 97110 on 12-1-03 and 12-03-03: Neither the carrier nor the requestor provided EOB's. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's per rule 133.307(e)(3)(B). The requestor provided documentation to support delivery of services and one-on-one supervision per Rule 133.307(g)(3)(A-F). Recommend reimbursement of \$272.40 (136.20 X 2 DOS).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.307, 133.308

PART VII: DIVISION DECISION

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 in the amount of \$1,426.68. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Findings and Decision and Order by:

	Donna Auby	9-30-05
Authorized Signature	Typed Name	Date of Order

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.