MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP ( ) IE ( ) IC	**Response Timely Filed?** (x) Yes ( ) No
Requestor's Name and Address Integra Specialty Group, P.A. 517 N. Carrier Pkwy., Suite G Grand Prairie, TX 75050	MDR Tracking No.: M5-05-1783-01 TWCC No.: Injured Employee's Name:
Respondent's Name and Address BOX #: 42 c/o Harris & Harris PO Box 162443 Austin TX 78716	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	**To**			
2/27/04	**10/29/04**	**99213, 97010, 97012, 97032, 97110, 97140, 97750, 95832, 95833, 95851, 96004, 99080**	**$6,918.08**	**$273.02**

PART III: REQUESTOR'S POSITION SUMMARY

2/25/05: Requestor submitted TWCC-60 to MDR requesting reimbursement for services/treatment rendered.

PART IV: RESPONDENT'S POSITION SUMMARY

3/2/05: Respondent responded to the MDR request.

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

- On 3/18/05, the Requestor submitted a request via fax: "Please withdraw only the medical necessity disputes on this patient's case, and review the remaining fee issues." Therefore, any treatment / services denied for medical necessity will not be mentioned further in this Finding and Decision.

- The remaining dates of service (DOS) will be reviewed as follows per Rule 134.202. The following CPT codes have been supported with convincing evidence through SOAP notes or reports that treatment / services have been rendered. According to Rule 134.202 (c), Medicare participants shall apply the Medicare program reimbursement methodologies.

  a) DOS: 3/10/04 No EOB's were received for this DOS, and convincing evidence was received to verify the HCFA's were submitted to the Respondent timely in accordance with Rule 133.307(e)(2)(B).

  CPT code: **99123** x 1 = **$68.24**

  CPT code: **97110** x 4 = Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these

individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.

CPT code's **97140 and 97012** are considered by Medicare to be mutually exclusive to each other. A modifier is allowed but was not mentioned. Therefore only one code may be reimbursed. Reimbursement for CPT code **97140 = $34.13**. 97012 = $0.00.

b) DOS: 3/16/04, 4/29/04 and 5/4/04 CPT code **96004** was denied with an incorrect denial code of "A" defined, "pre-authorization not obtained." This CPT code does not require pre-authorization per Rule 134.600(h), therefore reimbursement recommended. Amount due: $34.13 x 3 DOS = **$102.39**.

c) DOS: 5/4/04 also billed CPT code **95851** that was denied with "F" – defined, "The value of this procedure is included in the value of the comprehensive procedure / service billed." This code is considered to be a part of the office visit, therefore reimbursement can not be recommended.

d) DOS: 9/22/04 CPT codes 95851 and 97140 were denied with "G" defined –"The value of this service is included in the value of the comprehensive procedure / service billed on the same date." The 95851 is considered bundled with the office visit and 97140, therefore reimbursement is not recommended for 95851. Reimbursement is recommended for 97140 as the mutual component. Amount due: 97140 = **$34.13**.

e) DOS: 10/29/04 CPT codes 95831, 95833 and 97140 were denied with "G" – defined, "The value of this services is included in the value of the comprehensive procedure / service billed on the same date." CPT codes 95831 and 95833 are considered by Medicare methodology to be components unbundled with the office visit 99213, there for reimbursement can not be recommended. CPT code 97140 and 97012 are mutually exclusive and therefore, reimbursement for only one code is allowed. Amount due for code 97140 = **$34.13**.

Total due: $273.02

PART VI: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of $273.02. 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 20-days of receipt of this Order.

Authorized Signature	Name	6 / 8 / 05 Date of Order

PART V: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, PO Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

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

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____