



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: Southeast Health Services P. O. Box 453062 Garland, Texas 75045	MDR Tracking No.: M5-06-0716-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Dallas ISD, Box 42	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 package. The position paper lists the reasons each service is necessary.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response. Position paper states, "No additional allowance owed."

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)
	Requestor withdrew medical necessity services.		

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

In a letter dated 1-12-06 the Requestor withdrew services denied for medical necessity. Therefore, the file contains unresolved medical fee issues only. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 01-13-06 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 99354 on 11-8-04 was denied by the carrier as "G90-Unbundling." Per the 2002 MFG this is not a bundled service. This is an add-on code, which must be billed with a primary procedure. The medical notes show a prolonged office visit. The office visit was not billed. Recommend no reimbursement.

CPT code 97140-59 on 11-8-04 was denied by the carrier as "G2-Unbundling." Per the 2002 MFG CPT code 97140 is considered by Medicare to be a mutually exclusive procedure of CPT code 97012. A modifier is allowed in order to differentiate between the services provided. Separate payment for the services billed may be considered justifiable if a modifier is used appropriately. The requestor submitted documentation supporting this modifier. Recommend reimbursement of \$34.13.

Regarding CPT code 99211 on 11-8-04: Neither the carrier nor the requestor provided EOB's. No copy of the medical bill as originally submitted to the carrier for reconsideration in accordance with 133.304 was submitted per Rule 133.307 (e)(2)(A). There will be no review of this service.

CPT code on 97140-59 on 11-10-04 was denied by the carrier as "N11-Not appropriately documented." The requestor did provide documentation to support the level of services denoted by the "59" modifier per Rule 133.307(g)(3). Recommend reimbursement of \$34.13.

CPT code 97035 on 11-10-04 was denied by the carrier as "G90-Unbundling." Per the 2002 MFG this service is not bundled with any other service billed on this date. Recommend reimbursement of \$15.84.

CPT code on 99080-73 on 11-15-04 was denied by the carrier as "U-Unnecessary Treatment." The DWC-73 is a required report per Rule 129.5 and is not subject to an IRO review. Medical Review Division has jurisdiction in this matter. Recommend reimbursement of \$15.00.

CPT code on 99213 on 11-19-04 was denied by the carrier as "N11-Not appropriately documented." Per the 2002 MFG the description of the requirements for this CPT code are as follows: "requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; or medical decision making of low complexity." The office notes provided do not reflect that this service met these criteria. Reimbursement not recommended.

CPT code on 97110 on 11-23-04 was denied by the carrier as "F1-Fee Guideline MAR Reduction." 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 Division has reviewed the matters in light all of the 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. Reimbursement not recommended.

CPT code on 99214 on 12-03-04 was denied by the carrier as "N11-Not appropriately documented." The requestor provided documentation to support delivery of services per Rule 133.307(g)(3)(A-F). Recommend reimbursement of \$106.36.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 129.5 133.307

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 additional reimbursement in the amount of \$205.46. 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

2-13-06

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.