



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Pedro Nosnik, M.D. 4100 W. 15 th Street, Suite 206 Plano, Texas 75093	MDR Tracking No.: M5-06-1201-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Company Box 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute
POSITION SUMMARY: None submitted by Requestor

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: "Therefore, Texas Mutual requests that the request for dispute resolution filed by Pedro Nosnik, MD PA, be conducted under the provisions of the APA set out above.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
10-17-05	95925-76-22 (2 units) (\$87.76 X 2)	(1)	\$175.52
10-17-05	95928-76-22 (2 units) (\$228.36 X 2)	(1)	\$456.72
10-17-05	95861-76 (4 units) (\$151.73 X 3)	(2)	\$455.19
10-17-05	A4556 (9 units) (\$15.18 X 9)	(4)	\$0.00
10-17-05	A4558-76 (1 unit)	(4)	\$0.00
10-17-05	A4215-76 (19 units)	(3)	\$0.00
TOTAL			\$1,087.43

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

(1) Services were denied by the carrier with denial codes "18/224" (duplicate). A Request for Production of Documents was sent to the carrier on 03-31-06 requesting original explanation of benefits. The carrier's response was that "no other EOB's other than the ones faxed previously were available". Reimbursement is recommended in the amount listed above. A Compliance and Practices referral will be made due to the carrier denying with an inappropriate denial.

- (2) Services were denied by the carrier with denial codes “97/217” (the value of this procedure is included in the value of another procedure performed on this date). Per the 2002 Medical Fee Guideline the code billed is not global to other services billed on the date of service in dispute. Reimbursement is recommended in the amount listed above minus any payment previously made by the carrier.
- (3) Services were denied by the carrier with denial code “97/217” (the value of this procedure is included in the value of another procedure performed on this date). Per the 2002 Medical Fee Guideline the code billed is not global to other services billed, however, this code reports a procedure, service or supply not covered by or valid for Medicare. No reimbursement recommended.
- (4) Services were denied by the carrier with denial codes “97/217/284” (the value of this procedure is included in the value of another procedure performed on this date/no allowance was recommended as this procedure has a Medicare Status of “B” bundled). Per the 2002 Medical Fee Guideline the code billed is a bundled code. No reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 134.202

PART VII: DIVISION DECISION AND ORDER

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 \$1,087.43. 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.

Ordered by:

04-24-06

Authorized Signature

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.