Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

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:	MDR Tracking No.: M5-06-1317-01 Previous MDR # 's M4-04-9494-01
South Coast Spine and Rehabilitation, P.A. **620 Paredes Line Road** **Brownsville, Texas 78521**	Claim No.: Injured Employee's Name:
Respondent's Name and Address: **Dean Pappas & Associates** **Rep Box 29**	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 package
POSITION SUMMARY: This dispute is a medical fee dispute and not a medical necessity dispute.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: Per letter dated 4-13-06, the carrier submitted an amended Statement of Position: "the carrier is reviewing all bills submitted by the Requestor for the injury made the basis of this claim for dates of service from 2-10-04 through 4-10-04. These dates are being reviewed per the Fee Guidelines in effect on those dates and for the compensable injury only. Note that the Benefit Dispute Agreement outlines the compensable injury agreed upon by all parties as a lumbar sprain/strain and right and left shoulder sprain/strain."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
2-19-04, 2-23-04, 2-25-04	97113 ($34.63 <MAR X 6 units = $207.78 minus carrier payment of $116.73 = $91.05 x 3 DOS)	(1)	$273.15
2-23-04 – 2-25-04	97124 ($25.70 <MAR X 4 units =)	(1)	$102.80
2-11-04, 2-12-04, 2-18-04	97035 ($14.21 <MAR X 3 units = $42.63=)	(1)	$ 42.63
2-18-04	97750-FC ($33.41 <MAR x 16 units = $534.56 minus carrier payment of $512.48 = $22.08)	(2)	$ 22.08
	Total		$440.66

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

(1) The carrier denied the service with 615 - Time parameters or procedural limits are exceeded and F - Fee guideline MAR reduction. Information was received from the carrier representative in a letter dated 4-13-06 stating the dispute was a fee dispute and no medical necessity issues were raised for the dates of service disputed. The requestor provided services to at least one compensable body part for the disputed date of service. Therefore, recommend reimbursement as listed above per Rule 134.202.

(2) The carrier denied the service with 0529 – charge is in excess of unit value or reasonable allowance and F – fee guideline MAR reduction." Requestor billed less than MAR for 16 units of an FCE. Requestor submitted relevant report

documenting 16 units (four hours) spent on the FCE. Therefore, recommend additional reimbursement.

A referral will be made to Compliance and Regulation due to the carrier not using payment exception denial reasons that correspond with the carrier's Statement of Position and/or narrative description of denial reasons.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.307(g)(3)(A-F) and 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 $440.66. 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:

		5-25-06
	Medical Dispute Resolution Officer	
Authorized Signature	Typed Name	Date

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.