



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: South Coast Spine and Rehabilitation PA 620 Paredes Line Rd Brownsville TX 78521	MDR Tracking No.: M5-06-1358-01 Previous MDR # M4-06-3551-01
	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address: WC Self Insurance Fund c/o JT Parker & Associates Box 01	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation:

In a letter dated 10-24-05 to the insurance carrier, the requestor states it is resubmitting office visits from 99213 to 99211 and attached copies of CMS-1500s coded 99211 and marked "REQUEST FOR RECONSIDERATION."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation:

Letter dated 3-3-06, "This request for medical dispute resolution should be dismissed as the provider has not submitted the disputed billing to the carrier prior to requesting medical dispute resolution. Further more, this is a retrospective medical necessity dispute. As such, it should be reclassified as an M5 dispute, rather than the current M4 fee dispute. An IRO should be appointed to resolve this issue..." Carrier submitted reconsideration EOBs for code 99213 with denial reason – not medically necessary.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
6-25-05 to 9-14-05	NA	99211	1-4	\$00.00
TOTAL DUE				\$00.00

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

- Per CMS-1500s submitted by carrier, the requestor originally billed code 99213. The requestor submitted reconsideration CMS-1500s with code 99211. Per Rule 133.304 (k), if the sender of the bill is dissatisfied with the insurance carrier's final action on a medical bill, the sender may request the insurance carrier to reconsider its action. The sender shall submit the request for reconsideration clearly marked "REQUEST FOR RECONSIDERATION" with the identical codes and charges that are on the original medical bill.
- A review of the reconsideration CMS-1500s submitted by the requestor, reveals that the CMS-1500s were marked "REQUEST FOR RECONSIDERATION"; however, the codes had been changed from 99213 to 99211. Therefore, this is not a proper request for reconsideration.
- Per Rule 133.304(m), the sender of a medical bill may request medical dispute resolution in accordance with Rule 133.305 if the sender of a medical bill has requested reconsideration in accordance with this section.
- The above requirements were not met by the requestor; therefore, no further review.

