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.: M5-06-1369-01 Previous No.: M4-05-A132-01
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

POSITION SUMMARY: "This dispute is a medical fee dispute and not a medical necessity dispute. Medical necessity is not an issue in a medical fee dispute according to Rule 133.307(a). Therefore, we are entitled to submit this request".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60

POSITION SUMMARY: "It is the position of the Carrier that no additional payment is due for the dates of service made the basis of the dispute. The charges were reduced in accordance with the Commission medical policies and fee guidelines in effect on the date of service. The charges with explanation code "F" or W1 were reduced on the basis of the Fee Guideline MAR as well as for time parameters or procedural limits being exceeded. Per Trailblazer LCD: Physical Medicine and Rehabilitation for Orthopedic and Musculoskeletal Diseases and/or Injuries-Y-13B-R6: *…the usual treatment session provided in the home or office setting is 30 to 45 minutes. The medical necessity of services for an unusual length of time must be documented as described in the "Documentation Requirements" section of this policy".

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
03-07-05 & 03-09-05	97124 (2 units @ $53.26 X 2 DOS = $106.52 - $52.56 payment) 97110 (5 units @ $167.80 X 2 DOS = $335.60 - $137.84 payment) 97032 (1 unit @ $19.00 X 2 DOS)	(1)	$53.96 $197.76 $38.00
03-14-05, 03-17-05 & 03-18-05	99213-25, 97110 and 99213	(2)	$0.00
03-14-05 and 03-17-05	97032 (1 unit @ $19.00 X 2 DOS = $38.00 - $37.46 payment) 97124 (2 units @ $53.26 X 2 DOS = $106.52 - $105.12 payment)	(3)	$0.54 $1.40
03-23-05	97110 (5 units @ $167.80 - $34.46 payment)	(1)	$133.34
03-30-05	97110 (5 units @ $167.80 - $103.38 payment) 97035 (1 unit @ $14.63)	(4)	$64.42 $14.63
03-31-05	97110 (4 units @ $134.24 - $34.46 payment)	(1)	$99.78
	TOTAL		$603.83

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

(1) The carrier denied with denial code "W1" (Workers Compensation State Fee Schedule Adjustment). , carrier representative, of Dean G. Pappas and Associates, submitted an e-mail dated 04-06-06 which states, "Please redocket these as fee disputes. No medical necessity issues are involved for the dates of service made the basis of these disputes". The Requestor submitted documentation to support delivery of services per Rule 133.307(g)(3)(A-F). Per Rule 134.202 reimbursement is recommended in the amount listed above (minus carrier payment where applicable).

(2) Carrier submitted proof services have been paid in full. No reimbursement recommended.

(3) Carrier denied with denial codes "0710" (Exceeds Physical/Occupational Therapy maximum allowance) and "W1" (Workers Compensation State Fee Schedule Adjustment). , carrier representative, of Dean G. Pappas and Associates, submitted an e-mail dated 04-06-06 which states, "Please redocket these as fee disputes. No medical necessity issues are involved for the dates of service made the basis of these disputes". The Requestor submitted documentation to support delivery of services per Rule 133.307(g)(3)(A-F). Per Rule 134.202 reimbursement is recommended in the amount listed above (minus carrier payment where applicable).

(4) The carrier denied with denial codes "W1" (Workers Compensation State Fee Schedule Adjustment) and "0615" (time parameters or procedural limits are exceeded). , carrier representative, of Dean G. Pappas and Associates, submitted an e-mail dated 04-06-06 which states, "Please redocket these as fee disputes. No medical necessity issues are involved for the dates of service made the basis of these disputes". The Requestor submitted documentation to support delivery of services per Rule 133.307(g)(3)(A-F). Per Rule 134.202 reimbursement is recommended in the amount listed above (minus carrier payment where applicable).

A Compliance and Regulations referral will be made due to the carrier not having payment exception denial codes, which correspond with the carrier Statement of Position and/or narrative description of denial code(s).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 134.202, 133.307(g)(3)(A-F)

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 $603.83. 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:

		04-20-06
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.