



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:

First Rio Valley Medical PA
620 Paredes Line Rd
Brownsville TX 78521

MDR Tracking No.: M5-06-1416-01
Prev. MDR Tracking No.: M4-04-1449-01

Claim No.:

Injured Worker's Name:

Respondent's Name and Address:

Box 46

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

PRINCIPLE DOCUMENTATION: DWC-60 package

POSITION SUMMARY: "It is our position that since the care given was medically necessary, compensable and we followed the TWCC Medical Fee Guidelines as established by the Commission, we are entitled to reimbursement in full according to the guidelines."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

PRINCIPLE DOCUMENTATION: Response to DWC-60

POSITION SUMMARY: Per letter dated 11-11-03, the sterile whirlpool would be used for an open wound or if there was an infection and the TD does not document any open wounds or treatment to any wounds and reimbursement for 97139-SS was fair and reasonable per database, which is consistent with attended modality reimbursement in the Medical Fee Guidelines.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Amount Due (if any)
6-12-03 to 7-1-03	F	97022-22 \$40.00 x 7 days = \$280.00 minus carrier payment of \$140.00 = \$140.00	1	\$140.00
6-16-03	N	97032 withdrawn by Requestor on 10-21-03	NA	NA
6-16-03 to 7-3-03	M	97139-SS \$35.00 x 10 days = \$350.00 minus carrier payment of \$223.00 = \$127.00	2	\$127.00
6-25-03, 6-30-03, 7-1-03	N/U	97124 withdrawn by Requestor on 5-23-06	NA	NA
7-2-03 to 7-3-03	N/U	97032 withdrawn by Requestor on 5-23-06	NA	NA
TOTAL				\$267.00

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

- Carrier paid \$20.00 with denial reason "F, fee guideline MAR reduction" in error per response dated 11-11-03. Carrier states sterile whirlpool would be used for an open wound or if there was an infection. The 1996 MFG, Medicine ground rules I. C. 7. states, "Sterile whirlpool is billed as code 97022 with modifier -22 and shall be reimbursed at \$40.00. This type of treatment shall be ordered by the treating doctor..." Daily notes indicate treating doctor ordered this treatment; therefore, recommend additional reimbursement.
- The carrier paid \$22.00 for this code on nine DOS and \$25.00 on one DOS. Requestor billed \$35.00 on each disputed DOS. This is a DOP code where reimbursement is supported by written documentation per the 1996 MFG, General Instructions Section III. Carrier's response dated 11-11-03 states that fair and reasonable was paid "per database.

which is consistent with attended modality reimbursement in the Medical Fee Guidelines.” However, the carrier did not submit the methodology per Rule 133.307(g)(3)(D) to justify the recommended payment. The requestor submitted sample EOBs for same/similar treatment to reflect that the fee charged to and paid by other carriers was \$35.00. Therefore, recommend additional reimbursement.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. § 413.011(a-d)
28 Texas Administrative Code Sec. §134.1, 133.307, 1996 MFG

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 \$267.00** plus all accrued interest due at the time of payment of the Requestor within 30 days receipt of this Order.

Ordered by:

6-30 -06

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.