



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, P.A. 620 Paredes Line Road Brownsville, Texas 78521	MDR Tracking No.: M5-06-1551-01 Previous MDR # 's M4-06-5523-01, M5-06-1550-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Brownsville ISD/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: "If this request is considered a 'complete request, please assign an MDR tracking number to this case on an MR-100 form."

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)
2-11-04 – 3-11-04	CPT code 97035	(1)	\$14.21
2-11-04 – 3-11-04	CPT code 97124 (25.70<MAR \$ X 14 units)	(1)	\$359.80
2-11-04 – 3-11-04	CPT code 97113 (\$34.63<MAR X 42 units) \$1,454.46 - \$791.43 (paid by carrier)	(1)	\$663.03
2-11-04 – 3-11-04	CPT code 99213 (\$59.00<MAR X 5 DOS)	(2)	\$295.00
	Total		\$1,332.04

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 (minus payment by the carrier).
- 2) The carrier denied the service with “941” (Documentation does not support medical necessity.) The requestor provided documentation to support delivery of services per Rule 133.307(g)(3)(A-F).

A referral will be made to Compliance and Regulations 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 (Rule 133.304(c)).

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 \$1,332.04. 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:

Donna Auby, Medical Dispute Officer

5-25-06

Authorized Signature

Typed Name

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.