



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: Bandera Road Injury Center 6831 Bandera Road Leon Valley, Texas 78238	MDR Tracking No.: M5-07-0353-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: INDEMNITY INSURANCE CO. OF NORTH AMERICA REP BOX # 15	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's Position Summary as indicated on the Table of Disputed Services states, "Preauthorization obtained."

- Principle Documentation:
1. DWC 60 package
 2. Updated Table of Disputed Services dated 12/20/06
 3. Letter dated 01/23/07
 4. CMS 1500's
 5. EOB's
 6. Preauthorization Approval Letter
 7. Medical Records

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent attached a summary of the disputed dates of service indicating that all dates of service had been paid with the exception of 07/24/06 and 07/25/06.

- Principle Documentation:
1. Response to DWC 60
 2. DWC 60/Table of Disputed Services

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)
07/25/06	W9	99213	1-6	\$61.89
		97110 x 8 Units		\$268.48
		97140		\$31.79
		97032		\$19.00
TOTAL DUE				\$379.40

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

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

The Requestor submitted a letter and an updated Table of Disputed Services on 01/23/07 indicating that payment had been received for all disputed dates of service with the exception of disputed date of service 07/25/06.

1. This dispute relates to CPT codes 99213, 97110, 97140 and 97032 for date of service 07/25/06 that was denied as "W9—Unnecessary medical treatment based on peer review."
2. Preauthorization approval # 1734565, was given on 07/07/06 for Physical Therapy, 3 x wk x 4 wks (CPT codes, 97110, 97032 and 97140-59), 12 Visits, with a start date of 06/28/06 and an end date of 08/28/06. The Respondent reimbursed all of the disputed dates of service except 07/25/06.
3. Rule §134.600(c)(i)(B), states, "... The carrier is liable for all reasonable and necessary medical costs relating to the health care... listed in subsection (p) or (q) of this section only when the following situations occur... preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..."
4. Per §134.202(b) and (d)(2), it is the conclusion of the Division that reimbursement is as follows:

CPT Code 99213--\$61.89 (\$49.51 x 125%);
 CPT Code 97110--\$268.48 (\$26.85 x 125% x 8 Units billed);
 CPT Code 97140--\$31.79 (\$25.43 x 125%); and
 CPT Code 97032--\$19.00 (\$15.20 x 125%)
 TOTAL: \$381.16
5. The Requestor is seeking a total of \$379.40 for this date of service; therefore, this amount is recommended.
6. A referral was made to Legal and Compliance against the Respondent for violation of Rule §134.600(c)(i)(B).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code, Section §413.011(a-d)
 28 Texas Administrative Code Sec. §134.1
 28 Texas Administrative Code Sec. §134.202
 28 Texas Administrative Code Sec. §134.600(c)(i)(B)

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 \$379.40 plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

03/09/07

 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.