



## 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:  Summit Rehabilitation Centers 2420 E. Randol Mill Rd. Arlington TX 76011	MDR Tracking No.:	M5-07-0363-01
	Previous Tracking No.:	M4-06-7327-01
	Claim No.:	
Respondent's Name:  ZURICH AMERICAN INSURANCE CO, BOX 19	Injured Employee's Name:	
	Date of Injury:	
	Employer's Name:	
	Insurance Carrier's No.:	

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "Provider sent a request for reconsideration... Proof that carrier received request is also included. Carrier chose not to respond within the 28 day time frame rule."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. EOBs

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "Payment was reduced in accordance with the attached EOBs. Carrier maintains that it has paid all reasonable, necessary and related charges in accordance with the applicable fee guidelines."

Principle Documentation:

1. DWC 60 package

### 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)
1-27-06, 2-1-06, 2-3-06, 2-9-06	97, 435	99213	1	\$00.00
1-31-06, 2-1-06, 2-3-06	97, 435	97022	2	\$00.00
1-31-06, 2-8-06, 2-9-06, 2-10-06	151, 213, 18	97116 (\$30.70<MAR x 4 units)	3	\$122.80
1-31-06	B15, 434	97140	4	\$32.59<MAR
2-1-06, 2-3-06, 2-9-06	151, 213	97140-59 (\$32.59<MAR x 3 units)	3	\$97.77
4-11-06	151, 213	97140	5	\$32.59<MAR
2-3-06	97, 435	97110	6	\$00.00
2-8-06, 2-9-06, 2-10-06	151, 213, 18	97113 (\$39.60<MAR x 6 units)	3	\$237.60
2-8-06, 4-11-06, 4-12-06	151, 213, 18	G0283 (\$14.19<MAR x 3 units)	3	\$42.57
4-11-06, 4-12-06	97, 435	97116	7	\$00.00
4-11-06, 4-12-06	B15, 434	97530	8	\$00.00
Total Due				\$565.92

**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, set out reimbursement guidelines.

1. This service was denied by the Respondent as “97-payment is included in the allowance for another service/procedure,” and “435-Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.” CPT code 99213 is considered per Rule 134.202(b) to be a component procedure of CPT code 98940. A modifier is allowed in order to differentiate between the services provided. No modifier was used to differentiate the services. Recommend no reimbursement.
2. This service was denied by the Respondent as “97-payment is included in the allowance for another service/procedure,” and “435-Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.” CPT code 97022 is considered per Rule 134.202(b) to be a component procedure of CPT code 97113. A modifier is allowed in order to differentiate between the services provided. No modifier was used to differentiate the services. Recommend no reimbursement.
3. This service was denied by the Respondent as “151-Payment adjusted because the payer deems the information submitted does not support this many services,” “213-the charge exceeds the scheduled value and/or parameters that would appear reasonable,” or as “18-Duplicate Claim.” This is not a duplicate request. Per Rule 134.600 (h), the Requestor provided a copy of preauthorization letters dated 1-18-06 and 4-6-06 for 14 sessions of physical therapy. The Respondent denied these sessions for unnecessary medical treatment based on a peer review. Rule 133.301(a) "the Respondent shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." A Legal and Compliance referral will be made for this violation. Recommend reimbursement per Rule 134.202(d)(2).
4. This service was denied by the Respondent as “B15-Payment adjusted because the service is not paid separately,” and “434-Per NCCI edits, the value of this procedure is included in the value of the mutually exclusive procedure.” This service is not mutually exclusive to any other service performed on this date. Recommend reimbursement per Rule 134.202.
5. Per Rule 134.600 (h), the Requestor provided a copy of preauthorization letters dated 1-18-06 and 4-6-06 for 14 sessions of physical therapy. The Respondent denied these sessions for unnecessary medical treatment based on a peer review. Rule 133.301(a) "the Respondent shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." A Legal and Compliance referral will be made for this violation. Recommend reimbursement per Rule 134.202.
6. This service was denied by the Respondent as “97-payment is included in the allowance for another service/procedure,” and “435-Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.” CPT code 97110 is considered per Rule 134.202(b) to be a component procedure of CPT code 97113. A modifier is allowed in order to differentiate between the services provided. No modifier was used to differentiate the services. Recommend no reimbursement.
7. This service was denied by the Respondent as “97-payment is included in the allowance for another service/procedure,” and “435-Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.” CPT code 97116 is considered per Rule 134.202(b) to be a component procedure of CPT code 97530. A modifier is allowed in order to differentiate between the services provided. No modifier was used to differentiate the services. Recommend no reimbursement.
8. This service was denied by the Respondent as “B15-Payment adjusted because this procedure/service is not paid separately,” and “434-Per CCI edits, the value of this procedure is included in the value of the mutually exclusive procedure.” CPT code 97530 is considered per Rule 134.202(b) to be a mutually exclusive procedure of CPT code 97140. A modifier is allowed in order to differentiate between the services provided. No modifier was used to differentiate the services. Recommend no reimbursement.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

Texas Labor Code 413.011(a-d), 413.031  
28 Texas Administrative Code Sec. 133.301, 134.1, 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 \$565.92. 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:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

2-8-07  
\_\_\_\_\_  
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.**