



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Tri-City Chiro and Rehab 4002 Broadway Blvd, Ste 101 Garland, Texas 75043	MDR Tracking No.: M5-07-0507-01 (current MDR #) M4-05-B437-01 (former MDR #)
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Rep Box # 42	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: Per the Table of Disputed Services "usual tx. Session is up to 2 hrs for a neuro inj."

Principle Documentation:

1. DWC 60/Table of Disputed Services
2. CMS 1500's
3. Explanation of Benefits

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: "The Provider delivered eight units of modalities per appointment – or two physical medicine sessions per appointment almost one-year post-injury. Such treatments are beyond the standard of care and thus merit no additional reimbursement."

Principle Documentation: Response to DWC 60

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Amount Due
09-20-04 to 02-16-05	The medical necessity issues were dismissed per Rule 133.308(r)(7)(8)(11) due to nonpayment of the IRO fee by the Requestor (CPT codes 97110, 97140, 97112 and 99213)	N/A	N/A
TOTAL DUE			N/A

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

Based on review of the disputed issues within the request, Medical Dispute Resolution has determined that **medical necessity issues were dismissed**, however, this dispute also contained fee issues that will be reviewed by Medical Dispute Resolution.

On 01-12-2007, Medical Dispute Resolution submitted a Notice to Requestor to submit additional documentation necessary to support the charges and to challenge the reasons the Respondent had denied reimbursement within 14 days of the Requestor's receipt of the Notice.

The services in dispute were provided in Dallas County, Texas.

CPT code 99213 billed for dates of service 12-10-04 and 12-14-04 was denied by the Respondent with denial code F1 (Fee Guideline MAR reduction). The Respondent has made a payment in the amount of \$123.96. The MAR for CPT code 99213 for Dallas County is \$68.24. Additional reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$12.52 (\$6.26 X 2 DOS)**.

CPT code 97110 (4 units) billed for date of service 01-03-05 was denied by the Respondent with denial code N75 (not appropriate documented). The Respondent has made a payment of \$36.14. The Requestor submitted documentation which supports the service billed. Additional reimbursement is recommended per Rule 134.202 (c)(1) in the amount of **\$108.42 (1 unit @ \$36.14 X 4 units = MAR minus payment)**.

CPT code 97140 (2 units) billed for date of service 01-03-05 was denied by the Respondent with denial code N75 (not appropriate documented). The Respondent has made a payment of \$34.16. The Requestor submitted documentation which supports the service billed. Additional reimbursement is recommended per Rule 134.202 (c)(1) in the amount of **\$34.16 (1 unit @ \$34.16 X 2 = MAR minus payment)**.

CPT code 97112 (2 units) billed for date of service 01-03-05 was denied by the Respondent with denial code N75 (not appropriate documented). The Respondent has made a payment of \$38.15. The Requestor submitted documentation which supports the service billed. Additional reimbursement is recommended per Rule 134.202 (c)(1) in the amount of **\$38.15 (1 unit @ \$38.15 X 2 units = MAR minus payment)**.

CPT code 97110 (4 units) billed for date of service 01-14-05 was denied by the Respondent with denial code F1 (Fee Guideline MAR reduction). The Respondent has made a payment of \$108.42. Additional reimbursement is recommended per Rule 134.202(c)(1) in the amount of **\$36.14 (1 unit @ \$36.14 X 4 units = MAR minus payment)**.

CPT code 99455-WP billed for date of service 02-04-05 was denied by the Respondent with denial code 4 (the procedure code is inconsistent with the modifier used or a required modifier is missing) and W4C (no additional reimbursement allowed after review of appeal/reconsideration). The Respondent has not made a payment. Per Rule 134.202(e)(6)(D)(iii)(III) "If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body ... shall bill using the appropriate MMI CPT code with modifier "WP"... The documentation submitted for review by the Requestor indicates only an IR was performed. The documentation does not reference an MMI examination being performed, therefore, no reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1 and 134.202
Texas Labor Code, Sec. 413.031 and 413.011 (a-d)

PART VII: DIVISION FINDINGS 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 reimbursement in the amount of **\$229.39**. The Division hereby **ORDERS** the Respondent 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.

Order by:

05-31-07

Authorized Signature

Medical Dispute Resolution Officer

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.