

On 08-21-2006, 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.

HCPCS code E0745-NU billed for date of service 09-03-05 was denied by the Respondent with denial code "W10" (No maximum allowable defined by fee guideline. Reimbursement made based on insurance carrier fair and reasonable reimbursement methodology). The Respondent has made a payment of \$111.89 which is the appropriate reimbursement for the rental of code E0745 per the 2005 DMEPOS Fee schedule. Review of documentation submitted by the Requestor to MDR revealed that the service rendered was for the rental rather than the purchase of an EMS. The Requestor billed with an incorrect modifier. No additional reimbursement recommended.

CPT code 64550 billed for date of service 09-03-05 was denied by the Respondent with denial code "97" (payment is included in the allowance for another service/procedure). Per Rule 134.202(b) CPT code 64550 is global to CPT code 97032 also billed for date of service 09-03-05. No reimbursement is recommended.

HCPCS code A9150-NU billed for date of service 09-09-05 was denied by the Respondent with denial code "97" (payment is included in the allowance for another service/procedure). Per Rule 134.202(b) the service in dispute is not included in the allowance for another service/procedure also billed for date of service 09-09-05. Reimbursement is recommended per subsection 134.202 (c) (6) of the MFG which requires carriers to "assign a relative value, which may be based on nationally recognized published relative value studies, published (DWC) medical dispute decisions, and values assigned for services involving similar work and resource commitments." An amount assigned by the carrier that is consistent with the requirements of this rule is the MAR.

CPT code 99080-73 billed for dates of service 09-03-05 and 09-12-05 was denied by the Respondent with denial code "D19G" (Claim/Service lacks physician/operative or other supporting documentation). The Requestor submitted documentation for review which supports the services billed. Reimbursement per Rule 129.5 is recommended in the amount of **\$30.00 (\$15.00 X 2 DOS)**.

CPT code 97140-59(17 units) billed for dates of service 09-07-05, 09-09-05, 09-12-05, 09-13-05, 09-14-05, 09-19-05, 09-21-05, 09-23-05, 09-26-05, 09-28-05, 09-30-05, 10-05-05, 10-06-05, 10-07-05, 10-10-05, 10-12-05 and 10-14-05 were denied by the Respondent with denial code "97/97A" (payment is included in the allowance for another service/procedure). Per Rule 134.202(b) CPT code 97140 is mutually exclusive to CPT codes 97012, 98940 and/or 98941 billed for the dates of service in dispute. If billed with an appropriate modifier in order to differentiate between the services separate payment may be considered justifiable. The Requestor did bill with an appropriate modifier (59). Reimbursement is recommended per Rule 134.202(c)(1) in the amount of **\$580.72 (1 unit @ \$34.16 X 17)**.

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 \$610.72 and reimbursement per Rule 134.202(c)(6). 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.

Findings and Order by:

05-29-07

Authorized Signature

Medical Dispute Resolution Officer

Date of Findings and 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.