



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address: Richard Taylor, D.O. 1920 South Loop 256 Palestine, TX 75801	MFDR Tracking #:	M5-07-0664-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: TPCIGA for Reliance National Ins. Box 50	Date of Injury:	
	Employer Name:	
	Insurance Carrier #:	

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

The Requestor has not submitted a Position Summary; however, the Requestor's rationale on the table of disputed services states, "Claim denied as documentation does not support. A completed request for reconsideration was submitted in detail. Appeal denied."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Medical Documentation

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

Respondent's Position Summary: "The carrier asserts that it has paid according to applicable fee guidelines and/or reduce to fair and reasonable... All reductions of the disputed charges were made appropriately. The EOBs raise documentation concerns".

Principle Documentation:

1. Response to DWC 60

### PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
02/16/06	150/W4C	99214	1, 2	\$97.01
<b>Total Due:</b>				\$97.01

### PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

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

1. This dispute relates to CPT code 99214 (Office Visit) denied on original EOB with code "150 – Payment adjusted because the payer deems the information submitted does not support this level of service", and on reconsideration EOB denied with code "W4C – No additional reimbursement allowed after review of appeal/reconsideration. Documentation does not justify the level of service billed."

2. Per Rule 134.202 (b), CPT Code 99214 requires 2 of 3 key components: a detailed history, a detailed examination, and/or medical decision making of moderate complexity. Review of submitted documentation reveals a detailed history and a detailed examination. Therefore, per Rule 134.202 (c)(1) reimbursement in the amount of \$97.01 is recommended.

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

Texas Labor Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §133.307, §134.1, §134.202

**PART VII: DIVISION DECISION AND/OR 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. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of **\$97.01** plus accrued interest, due within 30 days of receipt of this Order.

**Decision:**

4/11/07

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

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
Date

**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.**