



**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**PART I: GENERAL INFORMATION**

Requestor's Name and Address:  Dallas Multidisciplinary/Dallas Integrated P. O. Box 430 Rowlett, Texas 75030	MFDR Tracking #: M5-08-0096-01 Previous #: M5-07-0670-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Box #:  SAFETY NATIONAL CASUALTY CORP BOX 19	Employer Name:
	Insurance Carrier #:

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

Requestor's Position Summary (Table of Disputed Services): "Charges denied based on peer review; however, according to Rule 133.301, retrospective review of medical bills once preauthorization has been obtained is not allowed."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$4,651.50
3. CMS 1500s
4. EOBs
5. Preauthorization Letters

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

Respondent's Position Summary: "The carrier filed PLN-11s on January 25, 2005 and August 18, 2005 disputing the extent of injury... Until the extent of injury issue is resolved, the providers request for medial dispute resolution should be abated..."

Principle Documentation:

1. Response to DWC 60
2. PLN 11

**PART IV: SUMMARY OF FINDINGS**

Dates of Service	CPT Codes and Calculations All amounts are <MAR	Denial Codes	Part V Reference	Amount Ordered
1-9-06 – 1-19-06	97140-59 (\$32.10<MAR x 5 units)	16, 270	1, 2, 3, 4, 6, 7	\$160.50
1-9-06 – 3-15-06	97112-59 (\$35.90<MAR x 45 units)	16, 270	1, 2, 3, 4, 6	\$1,615.50
1-9-06 – 3-15-06	97110-59 (\$34.46<MAR x 34 units)	16, 270	1, 2, 3, 4, 6	\$1,171.64
1-9-06 – 3-15-06	97530-59 (\$35.93<MAR x 20 units)	16, 270	1, 2, 3, 4, 6, 7	\$718.60
1-9-06 – 1-20-06	G0283 (\$13.98<MAR x 9 units)	16, 270	1, 2, 3, 4, 6	\$125.82
1-9-06 – 1-23-06	97012 (\$18.13<MAR x 9 units)	16, 270	1, 2, 3, 4, 6, 7	\$163.17
1-9-06 – 1-23-06	97035 (\$14.86<MAR x 8 units)	16, 270	1, 2, 3, 4, 6	\$118.88
1-19-06 – 3-15-06	99212-25 (\$47.90<MAR x 2 DOS)	16, 270	1, 2, 3, 4, 6	\$95.80
2-7-06 – 3-15-06	97150-59 (\$21.45<MAR x 6 units)	16, 270	1, 2, 3, 4, 6	\$128.70
3-15-06	99455-WP	4, 973	3, 5	\$0.00
<b>Total Due:</b>				<b>\$4,298.61</b>

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

Texas Labor Code Section 413.011 (a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective for professional medical services provided on or after August 1, 2003, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code "16-Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate," and "270-No allowance has been recommended for this procedure/supply please see special 'note' below. Claim is disallowed, see RME/Peer review."
2. The Requestor provided documentation to support delivery of services for one hour as billed on the CMS-1500 per Rule 133.307(g). The Division clarifies that denial reason "16" shall be used in denials related to documentation only.
3. The Requestor billed with the following Diagnosis Codes:
  - 724.4 – Thoracic/lumbosacral neuritis/radiculitis un
  - 729.2 – Unspecified neuralgia neuritis and radiculitis
  - 782.0 – Disturbance of skin sensation
  - 722.73 –Intervert Lumb Disc D/O w/myelopathy Lumb

Per a PLN 11 the carrier is disputing extent of injury for degenerative spondylotic changes, spondylolisthesis and psychological issues. At a Contested Case Hearing affirmed at the APL level, the officer stated that the Decision and Order is affirmable and a separate decision was not issued. A Decision and Order states that the compensable injury of \_\_\_\_\_ does not extend to and include lumbar spondylotic changes with disc dehydration at the L3-L4 and L4-L5 levels, minor spondylolisthesis of L4 relative to L5, secondary to facet and ligamentum flavum arthropathy at L5, mild central canal stenosis and forminal stenosis at the L4-L5 level and annular disc bulge at L3-L4 and L4-L5 and L5-S1. The compensable injury if for lumbar strain only. The Decision and Order of the Benefit Review Conference of July 17, 2006 states that the injured worker "remains entitled to medical benefits for the compensable injury in accordance with Section 408.021." The SOAP notes indicate that the HCP treated the compensable injury. Reimbursement is recommended.

4. The Requestor provided a copy of preauthorization letters dated 12-29-05 and 2-1-06 for 24 sessions of physical therapy per Rule 134.600. The Respondent denied these sessions for unnecessary medical treatment based on a peer review. Rule 133.301 (a) states "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." Reimbursement is recommended.
5. These services were denied by the Respondent with reason code "973-Payment denied as the modifier is incorrect or no longer valid," and "4-The procedure code is inconsistent with the modifier used or a required modifier is missing." Per Rule 133.304(k)1(B) and (M) the original bill was changed. A modifier V2 was added and resubmitted as a new bill. The Requestor failed to show proof that the corrected bill was submitted for reconsideration in compliance with Rule 133.304(k). This CPT code is not eligible for review.
6. Per review of Box 32 on CMS-1500, zip code 75231 is located in Dallas County. The maximum reimbursement amount, under Rule 134.202(b), is determined by locality.
7. CPT code 97530 is considered to be a mutually exclusive procedure of CPT code 97140 and were both billed on 1-9-06 – 1-19-06. CPT code 97140 is considered to be a mutually exclusive procedure of CPT code 97012 and both were billed on 1-9-06, 1-13-06, 1-17-06, 1-18-06, 1-19-06, 1-20-06 and 1-23-06. A modifier is allowed in order to differentiate between the services provided. Separate payment for the services billed may be considered justifiable if a modifier is used appropriately. The Requestor used modifiers correctly.

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

Texas Labor Code Section. 413.011(a-d), Section 413.031 and Section 413.0311  
28 Texas Administrative Code Sections 133.304 eff 7-15-00, 133.307 eff.12-31-06, 134.1 eff. 5-16-02, 133.301 eff. 7-15-00, 134.202, 134.600 eff. 3-14-04  
Texas Government Code, Chapter 2001, Subchapter G

**PART VII: DIVISION DECISION**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$4,298.61 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

**ORDER:**

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

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

6-20-08  
Date

**PART VIII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of Medical Fee Dispute Res. Findings and Decision** with required information specified in Div. Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**