

DECISION AND ORDER

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

ISSUE

A benefit contested case hearing was opened on May 13, 2008 and closed on June 11, 2008, to decide the following disputed issue:

Whether the Health Care Provider is entitled to reimbursement in the amount of \$1,227.80 under CPT Codes 97110-GO, 97022-59-GO, 97035-59-GO and 97140-59-GO for services provided on November 28, 2007 and December 2, 2007 through December 17, 2007?

PARTIES PRESENT

Carrier appeared and was represented by TW, attorney. Neither the Health Care Provider nor Claimant appeared. The Health Care Provider did not respond to the 10-day letter. The Claimant responded to the 10-day letter but his presence was not required and he did not wish to pursue the dispute.

BACKGROUND

The Health Care Provider and the Claimant did not appear for the Contested Case Hearing scheduled for May 13, 2008. A letter was sent to the Health Care Provider and Claimant on May 14, 2008 offering both an opportunity to request that the hearing be reset to permit presentation of evidence on the disputed issue. The Claimant responded but indicated he did not wish to pursue the dispute. The Health Care Provider, Dr. P, did not respond to the 10-day letter. Carrier did not offer any evidence but relied on the Medical Fee Dispute Resolution Findings and Decision. Since the Health Care Provider failed to introduce evidence to the contrary, the Medical Fee Dispute Resolution Findings and Decision should be affirmed.

Even though all the evidence presented was not discussed, it was considered. The Findings of Fact and Conclusions of Law are based on all of the evidence presented.

FINDINGS OF FACT

1. The Division and the Carrier sent a single document stating the true corporate name of the Carrier and name and street address of Carrier's registered agent with the 10-day letter to the Claimant and the Health Care Provider at addresses of record. That document was admitted into evidence as Hearing Officer Exhibit Number 2.
2. On _____, the Claimant lived within seventy-five miles of the (City) Field Office.
3. On _____, the Claimant was an employee of (Employer) when he sustained a

compensable injury.

4. The Health Care Provider failed to appear for the May 13, 2008 Contested Case Hearing and failed to respond to the 10-day letter.
5. The Health Care Provider did not have good cause for failure to appear for the Contested Case Hearing.
6. The Claimant failed to appear for the May 13, 2008 Contested Case Hearing but responded to the 10- day letter indicating he did not wish to pursue the dispute.
7. The Claimant's attendance at the May 13, 2008 Contested Case Hearing was excused.
8. The preponderance of the evidence is not contrary to the Medical Fee Dispute Resolution Findings and Decision that the Health Care Provider is not entitled to reimbursement in the amount of \$1,227.80 under CPT Codes 97110-GO, 97022-59-GO, 97035-59-GO and 97140-59-GO for services provided on November 28, 2007 and December 2, 2007 through December 17, 2007.

CONCLUSIONS OF LAW

1. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.
2. Venue was proper in the (City) Field Office.
3. The Health Care Provider is not entitled to reimbursement in the amount of \$1,227.80 under CPT Codes 97110-GO, 97022-59-GO, 97035-59-GO and 97140-59-GO for services provided on November 28, 2007 and December 2, 2007 through December 17, 2007.

DECISION

The Health Care Provider is not entitled to reimbursement in the amount of \$1,227.80 under CPT Codes 97110-GO, 97022-59-GO, 97035-59-GO and 97140-59-GO for services provided on November 28, 2007 and December 2, 2007 through December 17, 2007.

ORDER

Under this Decision and Order, Carrier is not liable for the payment of additional reimbursement.

The true corporate name of the insurance carrier is **(SELF INSURED)** and the name and address of its registered agent for service of process is:

**TO
(ADDRESS)
(CITY), TX (ZIP CODE)**

Signed this 11th day of June, 2008.

Carol A. Fougerat
Hearing Officer