



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SUMMIT REHABILITATION CENTERS
6300 SAMUELL BLVD STE 112
DALLAS TX 75228-7100

Respondent Name

TRAVELERS INDEMNITY COMPANY

Carrier's Austin Representative Box

Box Number 5

MFDR Tracking Number

M4-05-3415-01

MFDR Date Received

January 12, 2005

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary:

"DOS 5/10/04 through 6/21/04: Claim is compensable.
DOS 5/14/04 through 5/28/04, 6/08/04 through 6/21/04: All services were Pre-authorized.
DOS 6/22/04 through 10/19/04: No EOB has been received for these services."

Amount in Dispute: \$9,339.36

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not submit a response for consideration in this review.

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
May 10, 2004 to October 19, 2004	Professional Medical Services.	\$9,339.36	\$9,210.35

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.305 sets out general provisions related to medical fee disputes.
- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.202 sets out the fee guideline for professional medical services.
- 28 Texas Administrative Code §129.5 sets out the fee guidelines for work status reports.
- 28 Texas Administrative Code §141.1 sets out the procedures for requesting a benefit review conference.
- This request for medical fee dispute resolution was received by the Division on January 12, 2005. Pursuant to 28 Texas Administrative Code §133.307(g)(3), effective January 1, 2003, 27 *Texas Register* 12282, applicable to disputes filed on or after January 1, 2003, the Division notified the requestor on May 17, 2006 to send additional documentation relevant to the fee dispute as set forth in the rule.

7. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - PAYF – F - THIS PROCEDURE/SERVICE CODE IS REIMBURSED BASED ON YOUR STATE WORKERS' COMPENSATION MEDICAL FEE SCHEDULE.
 - CTPL – N - THE BILL HAS BEEN PENDED WHILE CERTAIN ASPECTS OF COMPENSABILITY OR DISABILITY ARE RESOLVED. PLEASE DO NOT REBILL AS A SECOND BILLING MAY FURTHER DELAY PAYMENT OF THIS INVOICE.
 - GL01 – M - REIMBURSEMENT IS BASED ON THE MAXIMUM ALLOWABLE FEE FOR THIS PROCEDURE, OR IF A PROCEDURE IS NOT SPECIFIED, THE UCR ALLOWANCE FOR THIS GEOGRAPHIC AREA.
 - GLBL – F - THE PROCEDURE CODE HAS BEEN REBUNDLED TO A MORE COMPREHENSIVE CODE THAT MORE ACCURATELY DESCRIBES THE ENTIRE PROCEDURE PERFORMED.
 - TXB9 – F - PAYMENT FOR INTERDISCIPLINARY PROGRAMS NOT ACCREDITED BY CARF ARE REDUCED 20% BELOW MAXIMUM ALLOWED REIMBURSEMENT FOR THAT PROGRAM.
 - PAYA – F - THE PROCEDURE CODE IS REIMBURSED BASED ON THE MAXIMUM ALLOWABLE FEE FOR THE TEXAS FEE GUIDELINE. IF ONE IS NOT SPECIFIED, THE UCR ALLOWANCE FOR THIS ZIP CODE AREA.
 - TR21 – N - THE FEE SCHEDULE DOES NOT ALLOW REIMBURSEMENT FOR NON-VALID CODES. PLEASE RESUBMIT USING THE CORRECT CPT CODE.
 - DUPQ – D - THESE SERVICES HAVE ALREADY BEEN RECONSIDERED FOR REIMBURSEMENT.
 - INFO – N - PROCEDURE REIMBURSED BASED ON SUBMITTED DOCUMENTATION.

Issues

1. Are there any unresolved issues related to disability or compensability of the claim?
2. Did the insurance carrier issue any payment for the disputed services?
3. What is the applicable rule for reimbursement of the disputed services?
4. Is the requestor entitled to reimbursement for the disputed services?

Findings

1. The insurance carrier denied disputed dates of service with reason code CTPL – “N - THE BILL HAS BEEN PENDED WHILE CERTAIN ASPECTS OF COMPENSABILITY OR DISABILITY ARE RESOLVED. PLEASE DO NOT REBILL AS A SECOND BILLING MAY FURTHER DELAY PAYMENT OF THIS INVOICE.” Former 28 Texas Administrative Code §133.305(a)(2), effective January 1, 2003, 27 *Texas Register* 12282, defines a medical fee dispute as a dispute over the amount of payment for health care rendered to an injured employee and determined to be medically necessary and appropriate for treatment of that employee's compensable injury. The appropriate dispute process for unresolved issues of compensability, extent and/or liability requires the filing of a request for a Benefit Review Conference pursuant to 28 Texas Administrative Code §141.1 to resolve any such issues prior to requesting medical fee dispute resolution. Review of the submitted documentation finds that a contested case hearing was held to decide the pending issues of compensability or disability, with a decision issued on July 23, 2004, finding, in pertinent part, that “the Claimant did sustain a compensable injury. The Claimant had disability . . . continuing through to the date of this hearing.” The submitted documentation supports that the issues of compensability have been resolved prior to the filing of the request for medical fee dispute resolution. The insurance carrier was further ordered to pay medical benefits in accordance with the above decision. The insurance carrier's denial reasons are not supported. The disputed services will therefore be reviewed per applicable division rules and fee guidelines.
2. The insurance carrier's Austin representative signed for and acknowledged receipt of the notice of the request for medical fee dispute and requestor's additional information on March 3rd, 2007. Per former version of 28 Texas Administrative Code §133.307, effective January 1, 2003, 27 *Texas Register* 12282:
 - (h) Response. The respondent shall file the response to the requestor's additional documentation for the medical fee dispute, with the division and the requestor.
 - (i) Timeliness of Response. A respondent who fails to timely file a response waives the right to respond. The commission shall deem a response to be filed on the date the division receives a response. If the respondent does not respond timely, the commission shall issue a decision based on the request. The response will be considered timely if received by the commission within 14 days after the date the respondent received the copy of the requestor's additional documentation.
 - (j) Complete Response. All responses to requestor's additional documentation shall be made on the form and in the manner prescribed by the commission. (1) Each response shall be legible, include only a single copy of each document, and, unless previously provided in the request and requestor's additional documentation, shall include: . . .
 - (C) a copy of all medical audit summaries and/or explanations of benefits (EOBs) relevant to the fee dispute, or a statement certifying that the carrier did not receive the provider's disputed billing prior to the request.

The insurance carrier did not submit a response for consideration in this review. The Division concludes that the respondent has failed to meet the requirements of §133.307. Consequently, the insurance carrier has waived the right to respond, and this decision is based on the request. The respondent did not submit any copies of medical audit summaries or explanations of benefits not previously provided in the request. No documentation was submitted to support that the insurance carrier made payment for the services in dispute; therefore, the disputed services will be reviewed for payment per applicable Division rules and fee guidelines.

3. This dispute relates to services with reimbursement subject to the provisions of former 28 Texas Administrative Code §134.202, effective January 5, 2003, 27 *Texas Register* 4048 and 12304, which requires that for coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided. It further requires that to determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with minimal modifications as provided in the rule. For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%.
4. Reimbursement for the disputed services is calculated as follows:
 - The Medicare fee for procedure code 99213, service date May 10, 2004, is \$36.30. This amount multiplied by 125% yields a MAR of \$45.38. This amount is recommended.
 - The Medicare fee for procedure code 97012, service date May 11, 2004, is \$15.37. This amount multiplied by 125% yields a MAR of \$19.21. This amount is recommended.
 - The Medicare fee for procedure code 97110, service date May 11, 2004, is \$29.59. This amount multiplied by 125% yields a MAR of \$36.99. This amount multiplied by 4 units is \$147.95. This amount is recommended.
 - The Medicare fee for procedure code 97140-59, service date May 11, 2004, is \$27.30. This amount multiplied by 125% yields a MAR of \$34.13. This amount is recommended.
 - The Medicare fee for procedure code 98940, service date May 11, 2004, is \$22.11. This amount multiplied by 125% yields a MAR of \$27.64. This amount is recommended.
 - The Medicare fee for procedure code 99213, service date May 11, 2004, is \$36.30. This amount multiplied by 125% yields a MAR of \$45.38. This amount is recommended.
 - The Medicare fee for procedure code G0283, service date May 11, 2004, is \$11.53. This amount multiplied by 125% yields a MAR of \$14.41. This amount is recommended.
 - The Medicare fee for procedure code 97012, service date May 12, 2004, is \$15.37. This amount multiplied by 125% yields a MAR of \$19.21. This amount is recommended.
 - The Medicare fee for procedure code 97110, service date May 12, 2004, is \$29.59. This amount multiplied by 125% yields a MAR of \$36.99. This amount multiplied by 4 units is \$147.95. This amount is recommended.
 - Per Medicare policy, procedure code 97140, service date May 12, 2004, may not be reported with procedure codes 97012 and 98940 billed on the same date of service. The requestor did not use a modifier to support separate payment; therefore, reimbursement is not recommended.
 - The Medicare fee for procedure code 98940, service date May 12, 2004, is \$22.11. This amount multiplied by 125% yields a MAR of \$27.64. This amount is recommended.
 - The Medicare fee for procedure code 99213, service date May 12, 2004, is \$36.30. This amount multiplied by 125% yields a MAR of \$45.38. This amount is recommended.
 - The Medicare fee for procedure code G0283, service date May 12, 2004, is \$11.53. This amount multiplied by 125% yields a MAR of \$14.41. This amount is recommended.
 - Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date May 14, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
 - Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date May 14, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
 - Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date May 17, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.

- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date May 17, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date May 18, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date May 18, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date May 19, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date May 19, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per 28 Texas Administrative Code §129.5(i), effective July 16, 2000, 25 *Texas Register* 6520, the Division specified reimbursement for work status report code 99080-73, service date May 19, 2004, is \$15.00. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date May 20, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date May 20, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date May 21, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date May 21, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date May 24, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date May 24, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date May 26, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date May 26, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date May 27, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date May 27, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date May 28, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date May 28, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(4), Division specified code 97750-FC shall be reimbursed in accordance with subsection (c)(1). The Medicare fee for procedure code 97750, service date June 1, 2004, is \$29.64. This amount multiplied by 125% is \$37.05. This amount multiplied by 8 units is \$296.40. This amount is recommended.

- The Medicare fee for procedure code 99213, service date June 4, 2004, is \$36.30. This amount multiplied by 125% yields a MAR of \$45.38. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date June 8, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date June 8, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 4 hours is \$204.80. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date June 10, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date June 10, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date June 11, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date June 11, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date June 14, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date June 14, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date June 15, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date June 15, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 5 hours is \$256.00. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date June 16, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date June 16, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date June 17, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date June 17, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date June 18, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date June 18, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per 28 Texas Administrative Code §129.5(i), effective July 16, 2000, 25 *Texas Register* 6520, the Division specified reimbursement for work status report code 99080-73, service date June 18, 2004, is \$15.00. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date June 21, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.

- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date June 21, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97545-WH, service date June 22, 2004, is \$128.00 for the first two hours of each session, reimbursed as one unit. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$102.40. This amount is recommended.
- Per §134.202(e)(5), the Division specified reimbursement for procedure code 97546-WH, service date June 22, 2004, is \$64.00. The hourly reimbursement for a non-CARF accredited program is 80% of this amount, or \$51.20. This amount multiplied by 6 hours is \$307.20. This amount is recommended.
- The Medicare fee for procedure code 99213, service date September 3, 2004, is \$36.30. This amount multiplied by 125% yields a MAR of \$45.38. This amount is recommended.
- Per 28 Texas Administrative Code §129.5(i), effective July 16, 2000, 25 *Texas Register* 6520, the Division specified reimbursement for work status report code 99080-73, service date September 20, 2004, is \$15.00. This amount is recommended.
- The Medicare fee for procedure code 99213, service date October 1, 2004, is \$36.30. This amount multiplied by 125% yields a MAR of \$45.38. This amount is recommended.
- The Medicare fee for procedure code 99213, service date October 8, 2004, is \$36.30. This amount multiplied by 125% yields a MAR of \$45.38. This amount is recommended.
- The Medicare fee for procedure code 99213, service date October 15, 2004, is \$36.30. This amount multiplied by 125% yields a MAR of \$45.38. This amount is recommended.
- Per 28 Texas Administrative Code §129.5(i), effective July 16, 2000, 25 *Texas Register* 6520, the Division specified reimbursement for work status report code 99080-73, service date October 19, 2004, is \$15.00. This amount is recommended.

The total recommended reimbursement for the services in dispute is \$9,210.35. Review of the submitted information finds that the insurance carrier previously paid \$0.00, leaving a balance due to the requestor of \$9,210.35.

Conclusion

For the reasons stated above, the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$9,210.35.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$9,210.35 plus applicable accrued interest per 28 Texas Administrative Code §134.803, and/or §134.130 if applicable, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 11, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **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. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

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