



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor's Name and Address:  Downtown Performance Rehabilitation 3033 Fannin Houston, Texas 77004	MFDR Tracking #: M5-07-0608-01 (current MDR#) M4-06-5313-01 (former MDR#)
	DWC Claim #:
	Injured Employee:
Respondent Name: American Home Assurance Company  American Home Assurance Company Rep Box #: 19	Date of Injury:
	Employer Name:
	Insurance Carrier #:

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

Requestor's Position Summary: Per the Table of Disputed Services "WON BRC (6/9/05) and rebilled with correct diagnosis code (722.10) (718.35) yet insurance still denied billing."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$153.20 \*
3. CMS 1500(s)

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

Respondent's Position Summary: "The parties executed a benefit dispute agreement indicating the claimant sustained a compensable injury to his low back (lumbar IVD displacement without myelopathy) and the left hip. The parties specifically agreed the claimant did not sustain an injury to his neck, right shoulder, and left wrist...The carrier submits that all fee reductions were made in accordance with the applicable fee guidelines with respect to the low back and left hip."

Principle Documentation: Response to DWC 60

### PART IV: SUMMARY OF FINDINGS

Eligible Date(s) of Service	CPT Code(s) and Calculations	Denial Codes	Part V Reference	Amount Due
05-18-05	99213 and 99080-73	NO EOB	1 & 2	\$00.00
06-22-05	99455-WP	NO EOB	1 & 2	\$00.00
<b>Total Due:</b>				\$00.00

### 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.

\* Note: Per Rule 133.307(d)(1) dates of service 11-09-04 through 01-12-05 billed for CPT codes 99204, 99080-73, 97112, 97124, G0283, 97035, 97116, 97110, 97530, 99213, 95903, 95904, 95935, 95861, 99244 were untimely filed and are ineligible for review.

1. Review of the services in dispute revealed that neither party submitted copies of explanations of benefits.
2. The Requestor did not submit convincing evidence of Respondent receipt of the Requestor's request for EOBs in accordance with Rule 133.307(e)(2)(B); therefore, no reimbursement is recommended.

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

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

**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 not entitled to reimbursement for the services involved in this dispute.

**DECISION:**

03-26-2008

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

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

\_\_\_\_\_  
Date

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

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 the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division 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.**