



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Summit Rehabilitation Centers 2420 E. Randol Mill Rd. Arlington TX 76011	MFDR Tracking #:	M5-07-0700-01
	Previous Tracking #:	M5-06-2075-01
	DWC Claim #:	
Respondent Name and Box #: LIBERTY MUTUAL INSURANCE CO BOX 28	Injured Employee:	
	Date of Injury:	
	Employer Name:	
	Insurance Carrier #:	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "DOS 8-12-05, 8-26-05 and 9-12-05: The claim is compensable."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "The billed charges for 8-26-05 – 3-13-06 remain denied as not being causally related to the compensable work injury of muscular pain to the back. Copies of the denials are enclosed."

Principle Documentation:

1. Response to DWC 60
2. EOBs

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 77076 is located in Harris county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
8-26-05	E, X597	99213	1, 4	\$68.31
9-12-05	R-X206, F-Z651	99080-73	2, 4	\$15.00
3-13-06	50, X375, W1, Z651	99080-73	3	\$15.00
Total Due:				\$98.31

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.

In an e-mail dated 5-22-07 the Requestor withdrew dates of service 9-6-05, 9-27-05, 10-06-05, and 10-11-05. These services will not be a part of this review.

1. These services were denied by the Respondent with reason code "E-597-This is not an accepted Workers' Compensation claim."
2. These services were denied by the Respondent with reason code "R-X206-The service is for a condition which is not related to the covered work related injury. For reconsideration of charges, please submit documentation to support the relatedness of services rendered to the work related injury," and "F-Z651- This charge has been reimbursed according to the appropriate fee schedule or usual and customary value."
3. These services were denied by the Respondent with reason code "50-X375-Unnecessary medical treatment or service," and "W1-Z651-This charge has been reimbursed according to the appropriate fee schedule or usual and customary value." The Respondent has not made a payment on this service. This is a required DWC Report and is not subject to an IRO review. Reimbursement is recommended.
4. The Requestor is billing with compensable diagnoses codes 722.71-Cervical disc displacement and 718.91 – JT Derangement NOS-Shoulder." The Respondent is disputing arthritis, epilepsy, HBP, shortness of breath, levoscoliosis, anterolistesis of L-Spine, elbow, bilateral shoulders, colonoscopy, hypertension and elective shoulder. The Requestor is not billing with the specific low back diagnoses currently in dispute. The services which are in dispute are compensable.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §129.5, §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 \$98.31 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature

Medical Fee Dispute Resolution Officer

6-6-07

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.