

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 contested case hearing was held on April 22, 2008 to decide the following disputed issue:

Whether the preponderance of the evidence is contrary to the decision of Medical Review that Dr. KD, ((health care provider)), is not entitled to \$805.00 billed under CPT Code 97110?

PARTIES PRESENT

Carrier appeared and was represented by an (Adjuster). Respondent, Dr. KD appeared representing herself. Claimant did not appear, and his attendance was waived. Also present was LD.

AGREEMENT

The parties reached an agreement. The agreement only resolves the issues to be decided at this hearing. The agreement does not resolve all issues regarding the claim and is not a settlement.

In this decision, this Agreement section constitutes the findings of facts and the Decision Section constitutes the conclusions of law.

Hearing Officer findings:

Carrier delivered to Claimant a single document stating the true corporate name of Carrier, and name and street address of Carrier's registered agent, which was admitted into evidence as Hearing Officer's Exhibit Number 2.

The parties agreed to the following:

The parties agree that the health care provider is owed and that the Carrier will pay \$724.50 for services performed by Dr. KD from October 23, 2007 through November 1, 2007 (23 units at \$31.50 per unit) properly billed under CPT Code 97110.

This agreement was made orally on the record and incorporated into this Decision and Order.

DECISION

The preponderance of the evidence is not contrary to the decision of Medical Review that Dr. KD (health care provider), is not entitled to \$805.00 billed under CPT Code 97110 but the parties

agree Dr. KD is entitled to \$724.50 billed under CPT Code 97110 for services performed from October 23, 2007 through November 1, 2007.

ORDER

Under the terms of this agreement, Carrier is liable for the payment of \$724.50 under the Medical Fee Dispute Resolution Findings and Decision issued on March 6, 2008.

The true corporate name of the insurance carrier is **NEW HAMPSHIRE INSURANCE COMPANY** and the name and address of its registered agent for Service of process is

**COROPRATION SERVICE COMPANY
701 BRAZOS STREET
AUSTIN, TX 78701**

Signed this 22nd day of April, 2008.

Carol A. Fougerat
Hearing Officer