



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: () Health Care Provider (x) Injured Employee () Insurance Carrier	
Requestor's Name and Address: Stephanie Richardson 3109 Heritage Dr. #5 Joliet, IL 60435	MDR Tracking No.: M4-05-0640-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: University of Texas System Box 46	Date of Injury:
	Employer's Name: University of Texas
	Insurance Carrier's No.: 95E0183

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor did not submit a position summary.

Principle Documents: 1. TWCC-60
 2. Letter from treating physician
 3. Statements from Joliet Medical Group
 4. Letter from UT Systems dated 11/20/03

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a response to the request for Medical Dispute Resolution. However, a letter dated November 20, 2003 to the injured worker states in part, "...It appears the services itemized in the enclosed statement are directly related to a surgical procedure that was denied under workers' compensation insurance (WCI) in March 2003. Since the services were denied under WCI and were performed under your group health insurance policy, you are liable for any out-of-pocket expenses incurred. Requesting reimbursement from the WCI carrier for expenses incurred under a group health insurance policy could be considered fraudulent."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
07/03/03 – 02/24/04	Out-of-Pocket expenses for a surgical procedure	1	\$0.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Per Rule 134.600 all surgical procedures performed in an out-patient environment require preauthorization. According to the letter submitted by the injured worker from insurance carrier, preauthorization was requested and denied; the injured worker then chose to use her group health insurance. The requestor has submitted no proof that preauthorization was received prior to the services rendered as required per Rule 134.600

Reimbursement for out-of-pocket expenses is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 134.600

PART VII: DIVISION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Division has determined that the requestor is **not** entitled to additional reimbursement.

Findings & Decision by:

Marguerite Foster

September 15, 2005

Authorized Signature

Typed Name

Date of Decision

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.