



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Princeton Pain Management 3523 McKinney Ave., Ste. 246 Dallas, TX 75204-1401	MDR Tracking No.: M4-05-1457-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: ACE American Insurance Co. Rep. Box # 15	Date of Injury:
	Employer's Name: J&E Masonry Inc.
	Insurance Carrier's No.: C7JYC0041536

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary as listed on the Table of Disputed Services: "Fee Issue."
Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. Explanation of Benefits (EOBs)
4. Medical Reports

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent did not submit a position summary.
Principle Documentation: 1. Response to DWC 60

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
3-23-04 3-23-04	F, K	97750-QU	1-6	\$548.80
TOTAL DUE				\$548.80

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

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

1. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 11-8-04.
2. Based on Division Rule 133.307(d)(1-2), the only date of service eligible for review is 3-23-04.
3. This dispute relates to procedures/services that were billed under CPT codes 97750 that were denied/reduced reimbursement by the insurance carrier based upon: "F – Initial FCE – Max 4 hrs. Disallowed: treatment exceeds number of approved or negotiated service(s) on the attached claim; and K – Disallowed: Per TWCC Rule 180.20 as of the date of this review provider is not on the ADL, DDL or MMI/IR listings for date(s) of service billed."
4. The Respondent denied reimbursement because the Requestor was not on the Approved Doctor List, (ADL), in accordance with Rule 180.20. A review of Division records indicates that the Requestor obtained a temporary exception status valid from 9-1-03 thru 9-1-05. Therefore, the insurance carrier inappropriately denied reimbursement based upon "K."

5. The Requestor contends that the testing was not an FCE, it was a physical performance evaluation (PPE); therefore, the limitations established in Rule 134.202(e)(4) regarding FCEs do not apply.

6. Per CMS-1500, the zip code 76106 is located in Tarrant County. The MFG MAR for CPT code 97750 in Tarrant County is \$34.30 X 16 units billed = \$548.80, this amount is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202
28 Texas Administrative Code Sec. §180.20

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 \$ 548.80 plus accrued interest, due within 30 days of receipt of this Order.

Decision:

Elizabeth Pickle, RHIA

April 19, 2007

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.