



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: <input checked="" type="checkbox"/> Health Care Provider <input type="checkbox"/> Injured Employee <input type="checkbox"/> Insurance Carrier	
Requestor's Name and Address: Dallas Injection and Diagnostics 5445 La Sierra Dr., Ste. 204 Dallas, TX 75231	MDR Tracking No.: M4-05-3234-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Pacific Employers Insurance Co. Box 15	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: "...The bills were reimbursed at an amount far below fair and reasonable. This is a workers compensation claim, therefore the insurance company is responsible for the entire claim, you paid all the other dates of service in full; this claim was pain in partial..."

Principle Documentation:

1. DWC-60 and Table of Disputed Services
2. CMS-1500
3. EOBs
4. Medical Documentation

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: The Respondent did not submit a position summary. The Respondent's rationale for maintaining the reduction or denial listed on the Table of Disputed services states, "Treatment not preauthorized by Work Comp carrier. Trmt preauthorized by private health care insurer Blue Cross. Trmt not related to WC claim".

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)
01/28/04	1,2 Not W/C denials	99499, 76005, A4300, A6218, A4221, J2912, J7051, J7040, A4452, A4305, A4550, A4615, A4616, 97010, E0230, 99071, J3301, J3790, J2001, A4641, 99070, J3490	1	\$00.00
TOTAL DUE				\$00.00

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, set out reimbursement guidelines.

1. The disputed issue is whether reimbursement should be made to the Requestor for preauthorized procedures. The Requestor received preauthorization approval from BlueCross BlueShield of Texas, which is the injured employees private healthcare insurance. Per Rule 134.600 the preauthorization request should have been made through the employers workers' compensation insurance. Therefore, reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1 and §134.600

PART VII: DIVISION DECISION AND 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 not** entitled to reimbursement.

Decision by:

Marguerite Foster

August 15, 2006

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.