



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: Edward F. Wolski, M.D. 2436 S. I-35 East, Suite 336 Denton, Texas 76205	MDR Tracking No.: M4-05-3703-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Ace American Insurance Company C/o Ace USA/ESIS Rep Box # 15	Date of Injury:
	Employer's Name: Active Transportation Company
	Insurance Carrier's No.: C135C5192836

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"No response...The carrier failed to respond to our initial billing and our request for reconsideration. We feel they have failed to comply with Rule 133.304..."

- Principle Documentation:
1. Requestor's position summary
 2. TWCC 60/Table of Disputed Services
 3. CMS 1500

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"This is Pacific Employers Insurance Company response to your request for Medical Dispute Resolution for Edward Wolski MD in regards to date of service 10/12/03. Check number DA50694844 will be mail on 02/16/05 in the amount of \$72.025 plus interest of \$5.09 under separate check number DA50694883 to Dr. Edward Wolski MD"

- Principle Documentation:
1. Respondent's position summary
 2. TWCC 60/Table of Disputed Services
 3. Payment screen

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)
02/12/04	No EOB	E1399 (Electrodes)	1	\$35.00
TOTAL DUE				\$35.00

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

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

1. HCPCS Code E1399 for date of service 02/12/04 was denied reimbursement for an undetermined reason. Although the carrier indicates on their response that the disputed amount has been paid, information received on 05/11/06 from requestor representative, Lauren Eggleston, indicates payment had been received in the amount of \$68.00, leaving an unpaid balance of \$35.00. Copies of the Explanation of Benefits were not submitted by either party for this service, therefore, it will be reviewed per Rule 134.202. There is no Maximum Allowable Reimbursement for HCPCS Code E1399. Per Commission Rule 133.307(j)(F), "...if the Commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code 403.011...". The Requestor's submitted documentation substantiates their position that their billed amount is fair and reasonable and that the Carrier's reimbursement is not fair and reasonable. Therefore, additional reimbursement in the amount of \$35.00 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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** entitled to reimbursement in the amount of **\$35.00**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

05/30/06

Authorized Signature

Typed Name

Date of Order

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.