MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: ( ) HCP ( ) IE (X) IC	**Response Timely Filed?** (x) Yes ( ) No
Requestor's Name and Address Texas Mutual Insurance Company Box 54 c/o Reeves & Brightwell 8911 N. Capital of Texas Hwy , Westech 360, Suite 3210 Austin, TX 78759-7249	MDR Tracking No.: M4-05-4396-01 TWCC No.: Injured Employee's Name:
Respondent's Name and Address Universal Medical Evaluators, Inc. c/o Minton, Burton, Foster, & Collins, P.C. 1100 Guadalupe Austin, TX 78701	Date of Injury: Employer's Name: Teamworks Staffing LLC Insurance Carrier's No.: 99D-340767

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
02/24/04	02/24/04	99456	$650.00	$0.00

PART III: REQUESTOR'S POSITION SUMMARY

The requestor has requested a refund of the $650.00 paid for this Designated Doctor Exam (DDE). Neither UME nor the designated doctor disclosed financial interest under TWCC Rule 180.24 and UME's billing practices violate Rule 134.801 because UME charges TMI more than the physician charges UME.

PART IV: RESPONDENT'S POSITION SUMMARY

UME is not a doctor, nor is it a health care provider or practitioner. UME provides clerical and administrative support to doctors who contract for its services. UME does not, and not being a licensed cannot, practice medicine or submit claims to insurers under TWCC rules. In particular the support UME provides to the doctors who contract with it include: office and examining room space, including space in many Texas cities permitting a doctor living in one city to assessor examine patients in others… Doctors who contract with UME to and accept referrals from TWCC for designated doctor exam (DDEs) does so under a formal agreement by the terms of which UME is paid 60% of the doctor's collected fees for the provision of this space, equipment and services. Bills are submitted in the treating doctor's name and in amounts within TWCC fee guidelines, and are the doctor's standard and minimum charge for the services rendered. When payment is received the funds are deposited in a UME account and the doctor's percentage is remitted to him… UME is not required to make the financial disclosures required by Rule 180.24… The claimant-doctor may not be sanctioned through this medical dispute resolution proceeding for allegedly failing to make financial disclosures since he or she has not been given notice of this proceeding or the right to respond to TMI's claims… The claimant-doctor has a contractual relationship with UME by the terms of which UME provides to the doctor clerical and administrative support… UME's billing practices do not violate Rule 134.801.

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

This dispute relates to a request for a refund for a Designated Doctor Exam (DDE) for which the insurance carrier paid $650.00. Reimbursement for a DDE is subject to the provisions of Rule 134.202 (Medical Fee Guideline).

Regarding the issue of financial discloser, MDR finds no provision in the medical fee guideline that would restrict reimbursement due to the failure to properly disclose any potential relationship. Those issues are not under the purview of Medical Dispute Resolution.

Regarding the issue of violation of billing practices per Rule 134.801, MDR finds no provision in the medical fee guideline that would restrict reimbursement due to contractual agreements between UME and the doctor. Those issues are not under the purview of Medical Dispute Resolution.

Based on the facts of this situation, the parties' positions, the application of the provisions of Rule 134.202, and Medicare policies, the Division has determined that the requestor is not entitled to reimbursement for the DDE.

PART VI: DETAIL FINDINGS (If needed)

N/A

PART VII: COMMISSION DECISION

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

Decision by:

	Benita Diaz	05/05/05
Authorized Signature	Typed Name	Date

PART VIII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, 7551 Metro Center Dr., Suite 100, 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____