

Texas Department of Insurance, Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION					
Type of Requestor: () Health Care Provider () Injured Employee	() Insurance Carrier				
Requestor's Name and Address: Gordon P. Marshall, M.D.	MDR Tracking No.:	M4-05-4850-01			
P.O. Box 42680	Claim No.:				
Austin, TX 78704	Injured Employee's Name:				
Respondent's Name and Address: American Home Assurance Co.	Date of Injury:				
C/o Flahive, Ogden & Latson Box 19	Employer's Name:	Fifth Generation Inc.			
BOX 17	Insurance Carrier's No.:	077094263			

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

We are requesting that these procedures be paid as they have been denied stating that we are not the treating doctor and did not obtain a referral from the treating doctor; however, this situation arose as the patient never notified out office that he had previously been treated by another physician... The patient was injured on ___ and was originally treated by Dr. Hinman; therefore, he was the treating doctor. On 1/5/04, Dr. Hinman referred the patient to an orthopaedic surgeon named Dr. Greg Vagnar, and the patient was scheduled to see this doctor on 1/13/04. I spoke with someone at Dr. Vagnar's office and I believe that Dr. Vagnar recommended an ACL reconstruction for this patient. The patient never returned to see Dr. Vagnar again. Furthermore, it should be noted that on 1/19/04 Dr. Hinman's office closed the patient's account due to non-compliance as the patient was not attending his schedule appointments. Once again, the patient never notified our office that he had treat with any other physician, not on any of the paperwork or verbally. The only "referral" information that the patient provided to our office was to tell us that he was referred by John Constatine who is an employee of Concentra Medical Center; however, he is not a physician. Based on the fact that the patient never notified our office of previous treatment and that the insurance company is denying this treatment based solely on a technicality, we are requesting that payment be made on these procedures.

Principle Documentation: 1. Position Summary

2. CMS-1500

3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The carrier contends that Dr. Marshall was not the claimant's treating doctor at the time of the disputed services.

Principle Documentation: 1. Position Summary

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
03/08/04	29888	1	\$0.00
03/08/04	37202	1	\$0.00
03/08/04	E0781	1	\$0.00
03/08/04	E1399	1	\$0.00

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

1. This dispute involves non-payment of medical bills with an adverse determination by the Insurance Carrier that the physician rendering the treatment for the disputed date of service of 03/08/04 is not the treating doctor.

According to §126.9(a) and (d) the injured employee is entitled to the employee's initial choice of treating doctor from the Approved Doctors List. If an injured employee wants to change treating doctors, the employee shall submit to the field office handing the claim, reasons why the current treating doctor is unacceptable. Unless medical necessity exists for an immediate change, the submission shall be in writing on a form prescribed by the Division. The facts of the case are that the treating doctor of record is Dr. Hinman: there was

no referral made to the physician rendering treating doctors; therefore, reimbursement car	eatment by the treating physician and the injured nnot be recommended.	l employee did not request a change of			
PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION					
28 Texas Administrative Code Sec. 126.9)				
PART VII: DIVISION DECISION					
Based upon the review of the disputed healthcare services, the Division has determined that the requestor is not entitled to additional reimbursement.					
Findings and Decision by:					
	Marguerite Foster	September 22, 2005			
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.