



## 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:  
 John B. Payne, D.O.  
 313 Westpark Way  
 Euless, TX 76040

MDR Tracking No.: M4-05-5017-01

Claim No.:

Injured Employee's Name:

Respondent's Name:  
 Fidelity & Guarantee Insurance  
 Rep Box # 19

Date of Injury:

Employer's Name: Saia Motor Freight Line Inc.

Insurance Carrier's No.: 9000552484

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...Submitted 2 x's -no response..."

- Principle Documentation:
1. DWC 60 package
  2. CMS 1500's
  3. EOBs

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...Dr. Payne has moved out of the country, will submit payment once we have been notified where to submit payment..."

- 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)
08/31/04	N/A	99244-Office Visit	1	\$00.00
<b>TOTAL DUE</b>				<b>\$00.00</b>

### 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. CPT Code 99244 for date of service 08/31/04, The Requestor did not submit EOB's, attempts were made to contact the Requestor through phone number 817/868-9300 & Fax number 817/283-7837 these phone & fax numbers are disconnected. Respondent indicated they would submit payment once they could locate the Requestor. Therefore reimbursement is not recommended at this time

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

Texas Labor Code Sec. 413.011(a-d)  
28 Texas Administrative Code Sec. §134.1  
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 not entitled to reimbursement.

Decision by:

04/11/2007

\_\_\_\_\_  
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.**