



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Edward F. Wolski M.D./Wol+Med 2436 I-35 E. South, Ste 336 Denton, Texas 76205	MDR Tracking No.: M4-05-5677-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  St Paul Fire & Marine Insurance Company Box 05	Date of Injury:
	Employer's Name: Kramer Rat Hole Drilling
	Insurance Carrier's No.: WVA910318264C00

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

Requestor's Position Summary: "...The carrier did not pay the MAR for the services provided by this facility."

Principle Documentation:

1. DWC-60/Table of Disputed Service/Summary Position
2. CMS-1500's
3. EOB's

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

No response received from the Respondent.

### 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)
05/12/04	N, F, (598, 663)	CPT code 97799-CP-CA (\$125.00 x units)	1-3	\$0.00
05/14/04	N, F, (598, 663) O- (899- 300)	CPT code 97799-CP-CA (\$125.00 x units)	1-3	\$200.00
Total				\$200.00

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

1. The Respondent denied these services as "F-Fee Guideline MAR reduction" and "598-The reimbursement for this procedure has been calculated according to the guidelines for a program that is not CARF accredited" and "663-Reimbursement has been calculated to the State Fee Guidelines" and "N-Not appropriately documented" and "885-The service procedure, and or supply requires additional information which may include identifying code, type, frequency, duration and or quantity" and "O-899-300 Denial after reconsideration \$800.00. Please resubmit with the CARF acceptance notice as the provider was accredited from 11-25-02 thru 11-30-03 only."

2. The Requestor's representative indicated per a telephone conversation on 08/18/06, that Respondent made payment for the date of service 05/12/04 in the amount of \$200.00 plus interest and it is no longer in dispute.
3. The Requestor submitted documentation that supports the services rendered per Rule 134.202 (e)(5)(E).
4. The Respondent reduced the amount reimbursed to the Requestor for the date of service 05/14/04, indicating that the facility is non-CARF accredited. The Requestor submitted proof that they are CARF accredited. Therefore, for the date of service 05/14/04, additional reimbursement in the amount of \$200.00 per Rule 134.202(e)(5)(E)(ii) is recommended.

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

28 Texas Labor Code Sec. § 413.011(a-d)  
 28 Texas Administrative Code Sec. §134.1  
 28 Texas Administrative Code Sec. §134.202  
 28 Texas Administrative Code Sec. §134.202 (e)(5)(E)  
 28 Texas Administrative Code Sec. §134.202 (e)(5)(ii)

**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 additional reimbursement in the amount of \$200.00. The Division hereby ORDERS the Respondent to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days receipt of this Order.

**Ordered by:**

Michael Bucklin

08/30/06

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.**