

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48  
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION****PART I: GENERAL INFORMATION**

Requestor's Name and Address:  Summit Rehabilitation Centers 2420 E. Randol Mill Rd. Arlington TX 76011	MFDR Tracking #:	M4-05-5862-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #:  ZURICH AMERICAN INSURANCE CO BOX 19	Date of Injury:	
	Employer Name:	ATRIUM COMPANIES INC
	Insurance Carrier #:	2720042040

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

Requestor's Position Summary: "Provider sent a request for reconsideration... Proof that carrier received request is also included. Carrier chose not to respond within the 28 day time frame rule."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)

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

Respondent's Position Summary (E-Mail received on 5-22-07): "I am amendable to addressing this issue as a fee dispute, as long as the fees awarded are for services for the compensable injury alone."

Principle Documentation:

1. Response to DWC 60

**PART IV: SUMMARY OF FINDINGS**

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
5-19-04	No EOB	97750-FC (\$35.66<MAR x 8 units)	1, 2, 3, 4	\$285.28
5-27-04 – 8-24-04	No EOB	99213 ( \$68.24 x 8 DOS)	1, 2, 4	\$545.92
8-30-04	No EOB	99080-73	1, 2, 4	\$15.00
<b>Total Due:</b>				\$846.20

**PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION**

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, sets out the reimbursement guidelines.

The Requestor sent a Revised Table of Disputed Services on 4-4-07. This Table will be used for this review. In an e-mail dated 5-18-07 the Requestor withdrew date of service 6-21-04. These services will not be part of this review.

1. Neither the Respondent nor the Requestor provided EOB's for these services. The Requestor submitted convincing evidence of carrier receipt for "Request for EOBs" in accordance with 133.307 (e)(2)(B). This review will be according to Rule 134.202. Reimbursement is recommended.
2. Per review of Box 32 on CMS-1500, zip code 75228 is located in Dallas County.
3. Per Rule 134.202(d), "reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge."
4. The Respondent's position statement mentioned, "services for the compensable injury alone." There is no evidence to substantiate a noncompensable injury. There are no compensation/entitlement/liability issues in this dispute. The injury of \_\_\_ is compensable.

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

Texas Labor Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §133.307, §134.1, §134.202

**PART VII: DIVISION DECISION AND/OR 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. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$846.20 plus accrued interest, due within 30 days of receipt of this Order.

**ORDER :**

Donna D. Auby

6-11-07

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

**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.**