



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: Nicholas Padron, M.D. 7125 Marvin D. Love, Suite 107 Dallas, Texas 75237	MDR Tracking No.: M4-05-5992-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Company Rep Box # 54	Date of Injury:
	Employer's Name: Wolverton Company, Inc.
	Insurance Carrier's No.: 99E0000378871

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"Carrier denied stating status 'B'...Our charges for procedure code 99080 copies of records was denied with Code G and state that no allowance was recommended as this procedure indicates a status B. First, regarding the Code G this exception code is used for unbundled procedure. There was no other charges billed with this service and is not included with any other procedures. Second, regarding status 'B', we are unaware of what this statement is referring to. Our charges is for copies of records requested by TWCC to forward records to the Designated Doctor. This procedure is reimbursed at \$.50 per page per TWCC Rule 133.1. Carrier again denied based on further request for reconsideration..."

- Principle Documentation:
1. Requestor's position summary
 2. TWCC 60/Table of Disputed Services
 3. CMS 1500
 4. Explanation of Benefits
 5. TWCC-69 and Report of MMI/IR Evaluation dated 12/16/04
 6. EES-14 Letter of Designated Doctor Appointment Information dated 11/01/04

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a response.

Principle Documentation:

1. N/A

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)
11/23/04	284	99080—Copies of Records, 223 pages	1	\$111.50
TOTAL DUE				\$111.50

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

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, set out reimbursement guidelines.

1. Code 99080 for date of service 11/23/04 was denied as "284—No allowance was recommended as this procedure indicates a status 'B'". Carrier reimbursed the Requestor \$00.00. The Requestor submitted a copy of the EES-14 letter dated 11/01/04 regarding Designated Doctor appointment information instructing treating doctor, the Requestor, to send medical records to designated doctor. Per Rule 134.106(f)(3) the EES-14 letter supports services were rendered as billed. Therefore, reimbursement in the amount of \$111.50 (.50 per page x 223 pages = \$111.50) is recommended.

Therefore, it is the conclusion of the Medical Review Division that reimbursement in the amount of \$111.50 is due the requestor.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.201
28 Texas Administrative Code Sec. §134.202
28 Texas Administrative Code Sec. §134.106(f)(3)

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 reimbursement in the amount of **\$111.50**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

01/20/06

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.