



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:
David Rabbani, D.C.
7447 Harwin, Suite 190
Houston, Texas 77036

MDR Tracking No.: M4-05-6109-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:
Metropolitan Transit Authority
C/o Flahive Ogden & Latson
Rep Box # 19

Date of Injury:

Employer's Name: Metropolitan Transit Authority

Insurance Carrier's No.: 0500015

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"Documented and necessary."

- Principle Documentation:
1. Requestor's position summary
 2. TWCC 60/Table of Disputed Services
 3. CMS 1500

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a response to this request for medical dispute resolution.

- 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)
01/12/05	No EOBs	98940-AT (Chiropractic Manipulation)	1	\$00.00
01/12/05	No EOBs	97124 (Massage Therapy)	2	\$00.00
01/12/05	No EOBs	97110 (Therapeutic Exercise)	3	\$00.00
01/12/05	No EOBs	97110 (Therapeutic Exercise)	4	\$00.00
TOTAL DUE				\$00.00

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 98940-AT for date of service 01/12/05 was denied reimbursement by the carrier for an undetermined reason. Neither the Requestor or the Respondent submitted EOBs for this CPT code for this date of service. The Division faxed an Order for Production of Documents to the Respondent on 02/06/06. The Division received faxed confirmation dated 02/06/06 at 3:05 PM. The Division sent a Notice to the Respondent requesting the missing EOBs on 03/23/06. The Notice was signed by the Respondent's representative, Derrick Malicoat, on 03/24/06. To date, the Division has not received the requested missing EOBs. Therefore, this CPT code will be reviewed according to the Medical Fee Guideline. The Requestor did not submit medical records to substantiate the service billed. Therefore, no reimbursement is recommended.
2. Code 97124 for date of service 01/12/05 was denied reimbursement by the carrier for an undetermined reason. Neither the Requestor or the Respondent submitted EOBs for this CPT code for this date of service. The Division faxed an Order for Production of Documents to the Respondent on 02/06/06. The Division received faxed confirmation dated 02/06/06 at 3:05 PM. The Division sent a Notice to the Respondent requesting the missing EOBs on 03/23/06. The Notice was signed by the Respondent's representative, Derrick Malicoat, on 03/24/06. To date, the Division has not received the requested missing EOBs. Therefore, this CPT code will be reviewed according to the

Medical Fee Guideline. The Requestor did not submit medical records to substantiate the service billed. Therefore, no reimbursement is recommended.

3. Code 97110 for date of service 01/12/05 was denied reimbursement by the carrier for an undetermined reason. Neither the Requestor or the Respondent submitted EOBs for this CPT code for this date of service. The Division faxed an Order for Production of Documents to the Respondent on 02/06/06. The Division received faxed confirmation dated 02/06/06 at 3:05 PM. The Division sent a Notice to the Respondent requesting the missing EOBs on 03/23/06. The Notice was signed by the Respondent's representative, Derrick Malicoat, on 03/24/06. To date, the Division has not received the requested missing EOBs. Therefore, this CPT code will be reviewed according to the Medical Fee Guideline. The Requestor did not submit medical records to substantiate the service billed. Therefore, no reimbursement is recommended.
4. Code 97110 for date of service 01/12/05 was denied reimbursement by the carrier for an undetermined reason. Neither the Requestor or the Respondent submitted EOBs for this CPT code for this date of service. The Division faxed an Order for Production of Documents to the Respondent on 02/06/06. The Division received faxed confirmation dated 02/06/06 at 3:05 PM. The Division sent a Notice to the Respondent requesting the missing EOBs on 03/23/06. The Notice was signed by the Respondent's representative, Derrick Malicoat, on 03/24/06. To date, the Division has not received the requested missing EOBs. Therefore, this CPT code will be reviewed according to the Medical Fee Guideline. The Requestor did not submit medical records to substantiate the service billed. Therefore, no reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. §413.011(a-d)

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.

Ordered by:

05/18/06

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.