



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:	MDR Tracking No.: M4-05-6386-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Rep Box #: 50 TPCIGA for Reliance Nat'l Ins.	Date of Injury:
	Employer's Name: Integrated Health Services, Inc.
	Insurance Carrier's No.: EL-18-19-01843-001

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

- Principle Documentation:
1. Requestor's position statement
 2. TWCC 60 – Part I thru Part VI
 3. EOB with audit date of 4/12/05
 4. Copy of Change of Treating Doctor dated 11/22/04 to Dr. Morrell
 5. Copy of TWCC Non-ADL Doctor Request for Case-by-Case Exception dated 1/26/05
 6. Copy of Change of Treating Doctor dated 2/2/05 to Dr. Haig.
 7. Copy of 3/28/05 letter from Dr. Haig referring IW to Dr. Gripon
 8. Copy of Dr. Gripon's treatment plan sent to Dr. Haig.
 9. Copy of 5/5/05 letter of medical necessity managing medications, by Dr. Haig.
 10. Copy of injured worker's response to insurance carrier adjuster's TWCC-45

Position Summary: "Carrier bases its refusal to reimburse on the premise that the billing provider is not the claimant's treating doctor and does not appear to have been referred by the claimant's treating doctor...Carrier had seen to it that Claimant was without a treating doctor by non-payment to treating doctor. Treating doctor has refused to treat due to Carrier non-payment...Claimant was forced to accept the only ADL doctor who would take her under the non-payment circumstances...Carrier also, argues that Claimant has not filed a request for reconsideration. Claimant has been informed by MDR that a determination has been made that these cases do not require a request for reconsideration."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

- Principle Documentation:
1. Response to MDR
 2. Copy of TWCC 60
 3. Copy of 'receipt of payment' by injured worker for DOS 12/22/04.

Position Summary: 1. "(Date: 4/27/05) Initial Response to Medical Dispute...Bills were not denied prior to filing of MDR. The claimant did not file request for reconsideration. Treatment was not provided by at the direction of the treating doctor..."

2. "(Date of 5/2/05) Response to Medical Dispute: Denial for reimbursement of claimant's out of pocket prescription expenses. TPCIGA Position: TPCIGA has reviewed the dispute at hand and found the date of service in question was processed on 4/4/05. It was determined the prescribing doctor was not the treating doctor at the time of service...Therefore, TPCIGA is requesting TWCC to deny reimbursement to the requestor..."

3. Per the Table of Disputed Services, prescriptions were denied, “52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed. Provider is not the claimant’s treating doctor, and does not appear to have been referred by the claimant’s treating doctor,” and by the statement, “Bills will be denied. Claimant did not file ‘request for reconsideration.’ These were discussed @ BRC.”

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	52	RX: Darvocet (Dr. Gripon)	1	\$0.00
12/22/04	52	RX: Darvocet (Dr. Gripon)		\$18.49
TOTAL DUE				\$18.49

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

Section 413.011 (a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.201 titled (Medical Fee Guideline For Medical Treatments and Services Provided Under the Texas Worker’s Compensation Act) effective April 1, 1996, set out reimbursement guidelines.

This dispute related to treatment/services provided as follows:

- Prescription medication, Darvocet, was denied for DOS 11/23/04 and 12/22/04 per Part V of the TWCC60.
- Prescription medications were denied “52” due to the ‘unclear’ situation of treating doctor and ‘lack of’ request for reconsideration on the injured worker’s part.

1. According to the positions stated above from both the Requestor and the Respondent, there are ‘unusual circumstances in this medical dispute.’ According to 133.307(f)(2), the Requestor is required to submit copies of ‘out of pocket’ expenses with the TWCC-60. The Requestor did submit the copy of the EOB received from the Respondent. The Respondent provided a copy of one ‘receipt’ for DOS 12/22/04 only. Therefore, DOS 12/22/04 is the only DOS that can be reviewed.

According to the referral letter from Dr. Gripon to Dr Haig, the prescription filled on DOS 12/22/04 was one of the medications listed as part of the treatment plan. As noted by the Requestor, Dr. Gripon has seen the patient on an ongoing basis since 2001.

Therefore as a conclusion, reimbursement is recommended for DOS 12/22/04 in the amount of \$18.49.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

- 28 Texas Administrative Code Sec. §413.011(a-d)
- 28 Texas Administrative Code Sec. §134.1
- 28 Texas Administrative Code Sec. §133.307 (f)(2)

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 \$18.49.**

Ordered by:

12 / 16 / 05

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.