Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

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: Buena Vista Workskills 5445 La Sierra Drive # 204 Dallas, Texas 75231	MDR Tracking No.: M4-05-8343-01 Claim No.: Injured Employee's Name:
Respondent's Name: ACE American Insurance Company Rep Box # 15	Date of Injury: Employer's Name: Swift Transportation Company Inc. Insurance Carrier's No.: C290C6091140

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "…In summary, it is our position that ESIS has established an unfair and unreasonable time frame in paying these services that were authorized and rendered to Mr. Washington."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. Explanation of Benefits

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: The Respondent did not submit a position summary to MDR.

Principle Documentation: 1. Response to DWC 60

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)
07-20-04 & 07-23-04	F	97545-WH-CA (1 unit @ $128.00 X 2 units – payment of $128.00)	(1-3)	$128.00
07-26-04	NO EOB	97545-WH-CA (1 unit)	(4-6)	$128.00
07-23-04 & 07-29-04	F	97546-WH-CA (1 unit $64.00 X 12 units – payment of $422.40)	(1,3 & 7)	$345.60
07-26-04	NO EOB	97546-WH-CA (1 unit @ $64.00 X 6 units)	(4-6)	$384.00
TOTAL DUE				$985.60

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

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

The Requestor submitted an updated Table of Disputed Services to Medical Dispute Resolution on 12-06-06 and this table will be used for the review of the services still in dispute.

(1) The Respondent denied the service with denial code "F" (reduction according to Medical Fee Guideline).
(2) The Respondent has made a partial payment of $128.00.

(3) Additional reimbursement is recommended per Rule 134.202(e)(5)(A)(i) in the amount listed above.
(4) Review of the information submitted by both parties revealed that neither party submitted a copy of an EOB.
(5) The Requestor submitted convincing evidence per Rule 133.307(e)(2)(B) of the Respondent's receipt of the Requestor's request for an EOB.
(6) Reimbursement is recommended per Rule 134.202(e)(5)(A)(i) in the amount listed above.
(7) The Respondent has made a partial payment of $422.40.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202(e)(5)(A)(i) and 133.307(e)(2)(B)

PART VII: DIVISION FINDINGS 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 **$985.60.** 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 of receipt of this Order.

Order by:

Authorized Signature	Typed Name	Date of Order
		12-14-06

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.