



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

| | | |
|---|----------------------|-----------------|
| Requestor's Name and Address: Manuel Ramirez 6161 Harry Hines Ste 224 Dallas, TX 75235 | MFDR Tracking #: | M4-05-8362-01 |
| | DWC Claim #: | |
| | Injured Employee: | |
| Respondent Name and Box #: Connecticut Indemnity Co Box 11 | Date of Injury: | |
| | Employer Name: | Integracolor |
| | Insurance Carrier #: | 00827076E8007TX |

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Insurance company discounted claim with First Health Contract. Our First Health Discount Contract was terminated on 11-1-03. We sent appeal and the insurance company never responded."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

No Position Summary was received from the Respondent.

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 75235 is located in Dallas county.

| Date(s) of Service | Denial Code(s) | CPT Code(s) and Calculations | Part V Reference | Amount Due |
|--------------------|----------------|------------------------------|------------------|------------|
| 6/10/04 | F | 62310 | 1, 2, 4 | \$24.19 |
| 6/10/04 | F | 76005-26 | 1, 3, 4 | \$7.62 |
| Total Due: | | | | \$31.81 |

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.

1. These services were denied by the Respondent with reason code "The charges have been priced in accordance to a First Health owned network contract," and "F-Fee Guideline MAR Reduction."

2. The MAR for this service is \$336.15. The Respondent reimbursed \$96.74 stating that it was “priced in accordance to a First Health owned network contract.” Per the Respondent’s words in a letter dated 10-13-04, “As of October 13, 2004 we are showing Dr. Ramirez as terminated from First Health effective November 1, 2003.” These services were performed on 6-10-04. Recommend additional reimbursement per Rule 134.202(d)(2).
3. The MAR for this service is \$336.15. The Respondent reimbursed \$30.48 stating that it was “priced in accordance to a First Health owned network contract.” Per the Respondent’s words in a letter dated 10-13-04, “As of October 13, 2004 we are showing Dr. Ramirez as terminated from First Health effective November 1, 2003.” These services were performed on 6-10-04. Recommend additional reimbursement per Rule 134.202(d)(2).
4. 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.”

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. §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 additional amount of \$31.81 plus accrued interest, due within 30 days of receipt of this Order.

ORDER :

Donna Auby

7-6-07

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.