



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: John B. Payne, D.O. P O Box 879 Bedford, TX 76095	MDR Tracking No.: M4-05-9641-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Hartford Casualty Insurance Company Rep. Box # 27	Date of Injury:
	Employer's Name: Danka Industries, Inc.
	Insurance Carrier's No.: 690C 32916

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary listed on the Table of Disputed Services:
"Non payment, no response mailed & faxed."
Principle Documentation:
1. DWC-60
2. CMS-1500

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary:
No summary position statement noted in dispute packet.
Principle Documentation: 1. CMS-1500
2. Payment screen

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)
12/07/04	45	99213	1 and 2	\$0.00
TOTAL DUE				\$0.00

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, set out reimbursement guidelines.

- This dispute relates to CPT code 99213 and Respondent's denial of payment based upon, "45- Charges exceed your contracted/legislative fee arrangement. The charges have been priced in accordance to your fee for service contract with First Health."
- MDR, unsuccessfully, tried to reach the treating Dr. John Payne, D.O. on Monday the 16th of October 2006 to find out if the services in dispute had been paid. MDR then reached Dr. Can Ho, D.C., the treating Doctor, to find out how MDR could reach Dr. Payne. The treating Dr's. Office explained that Dr. John Payne was no longer practicing in Texas and fact he had moved to New York. Therefore, based on the evidence submitted by the Respondent, that the services had been paid in the amount of \$58.66 and the Requestor indicated that the amount in dispute was \$48.00 per the Table of Disputed Services, and MDR not being able to reach Dr. John Payne, additional reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.202 (e)(7)
28 Texas Administrative Code Sec. §134.1

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 additional reimbursement.

Ordered by:

Michael Bucklin

10/25/06

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.