

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

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier Requestors Name and Address: Debbie Crawford, D.O. 3804 Highway 377 South Brownwood, Texas 76801 Claim No.: Respondent's Name and Address: American Home Assurance Company Employee's Name: Wal-Mart Stores, Inc. Rep Box # 19 The Requestor's PRINCIPLE DOCUMENTATION AND POSITION SUMMARY The Requestor's Position Summary as indicated on the Table of Disputed Services states, "Request for reconsideration, no record acknowledged. Time spent justifies a 99214 as documented." Principle Documentation: 1. DWC 60 package 2. CMS 1500s 2. CMS 1500s 3. EOBs 4. Medical Records PART HI: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY The Respondent's Position Summary as indicated on the Table of Disputed Services states, "Request for reconsideration, no record acknowledged. Time spent justifies a 99214 as documented." Principle Documentation: 1. DWC 60 package 2. CMS 1500s 2. EOBs 4. 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00214 [1.2 006.01		11/10/0A N 071 0001A 100 100 00201	11/18/0A N. 271 00214 1.2 \$06.01		Code Reference Due (II any)	Code Reference Due (II any)	Code Reference Due (II any)	Code Reference Due (II any)	Code Reference Due (II any)	Code Reference Due (II any)	Code Reference Due (II any)	11/19/04 N 271 00214 1.2 00214	$\mathbf{U}_{\mathbf{U}}$		11/10/04 $10.2/1$ $99/14$ $1-2$ $1-2$	1/10/04 $1/10/04$ $1/10/04$ $1/10/04$	11/18/04 N. 271 00214 1.2 \$66.01		Date(s) of Service Definition CPT Code(s) or Description Reference Due (if any)	Date(s) of Service Definition CPT Code(s) or Description Reference Due (if any)	Date(s) of Service Definition CPT Code(s) or Description Reference Due (if any)
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Texas Labor Code, Section §413.011(a-d) 28 Texas Administrative Code Sec. §134.1 28 Texas Administrative Code Sec. §134.202				
PART VII: DIVISION DECISION AND ORDER				
Based upon the documentation submitted by t 413.031, the Division has determined that the accrued interest due at the time of payment to	Requestor is entitled to reimbursement	t in the amount of <u>\$96.91</u> plus all		
Ordered by:				
		11/30/06		
Authorized Signature	Typed Name	Date of Order		
PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW				