



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:	MFDR Tracking #: M4-05-A033-01
Edward F. Wolski, M.D. / Wol+Med 2436 I-35 E. South, Ste 336 Denton, TX 76205	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:	Date of Injury:
Liberty Mutual Fire Insurance Rep Box #28	Employer Name: UNITED PARCEL SERVICE INC
	Insurance Carrier #: 949751129

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "The carrier did not pay the MAR for any of the dates of service."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Additional information

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "The charges in dispute are for CPT 97545/WH/CA for one unit and 97546/WHCA for three units for date of service 07/13/04. Reimbursement was issued in a timely manner on 08/11/04. However, the CA modifier was inadvertently overlooked which resulted in a reduction in the payment amount. Upon further review, additional reimbursement was issued to reflect the CA modifier. CPT 95851/59 for date of service 08/11/04 billed by Dr. Robert Helsten at Wol Med was denied as being mutually exclusive to CPT 99455 also billed on 08/11/04."

Principle Documentation:

1. Response to DWC 60
2. Additional information

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 76205 is located in Denton county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
07/13/04	F	97545-WH-CA, 1 unit	1	\$00.00
		97546-WH-CA, 3 hrs	1	\$00.00
08/11/04	No Denial Code	95851-59 (\$23.15 x 2 units)	2	\$46.30
Total Due:				\$46.30

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.

The Requestor submitted an updated Table of Disputed Services. The updated table will be used for this review.

1. The Respondent submitted an EOB which supports that an additional payment was made for DOS 07/13/04. Check #06296632 in the amount of \$67.56 was issued on 07/13/05. Therefore, no additional payment is recommended.
2. CPT code 95851-59 states no denial code on EOB; however, position statement states that it was denied as mutually exclusive to CPT code 99455-WP. Advisory 2004-01, issued on March 2004, states in part that if the examination for the determination of MMI and/or the assignment of IR requires testing that is not outlined in the Guides, the appropriate CPT code(s) shall be billed and reimbursed in addition to the fees outlined in Rule 134.202(e)(6)(C) and (D). Therefore, per Rule 134.202(c)(1) reimbursement in the amount of \$46.30 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202
TWCC Advisory 2004-01

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 amount of \$46.30 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature

Medical Fee Dispute Resolution Officer

05/18/07

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.