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: Donald L. Wehmeyer, MD 1100 North 19th Suite 4E Abilene TX 79601-2304	MDR Tracking No.: M4-05-A613-01 (Previous M9-05-2828-01) Claim No.: Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Ins. Co. Rep Box #: 54	Date of Injury: Employer's Name: James Well Service Insurance Carrier's No.: 99D /344720

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: 1. TWCC-60
2. EOB's and HCFA's
3. Documentation for services rendered.

Position Summary: "I wish to file a dispute resolution for unpaid service for a designated doctor exam…the insurance company…allowed $800 of the $1100 charges…"

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: 1. Respondent's response to MDR.

Position Summary: "…This dispute involves the carrier's denial of payment for code 99456-WP for DOS 1/15/05…The requester was reimbursed $350 for determination of Maximum medical improvement per TWCC Rule 134.202 (e)(6)(C)…examining doctor, other than the treating…Reimbursement shall be $350…First it is this carrier's position that the requester's assertion $750 is due for the impairment rating is not reasonable…Second, …it is the carrier's position that Advisory 2004-01 and TWCC Rule 134.202 do not support the requester's position…no tests were performed. When no tests are performed Advisory 2004-01 states that reimbursement will be based on DRE areas…Maximum number of areas …is three. Reimbursement per DRE area is $150 for each of the maximum three areas, for a total of $450, the amount reimbursed to the requester. The compensable body areas are the teeth, jaw, lungs and face…(2 body areas)…"

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due
1/15/05	CAC-W1 790	99456-WP Impairment rating, whole procedure	1.	$300.00
TOTAL DUE				$300.00

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

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

(MDR = Medical Dispute Resolution, DOS = Date(s) of Service, EOB = Explanation of Benefits)

1. This dispute is related to lack of full reimbursement for an impairment rating/service provided on 1/15/05.

- CPT codes 99456-WP (Impairment Evaluation, whole procedure). The Requestor billed $1,100.00. The Respondent reimbursed $800.00.
- Denial code was "CAC-WI –Workers Compensation State Fee Schedule Adjustment / 790 –This charge was reduced in accordance to the Texas Medical Fee Guideline." Reconsideration denied that additional reimbursement was due.
- Per MFG and Rule 134.202 (e)(6)(D)(iii and iv), *AMA Guide–Fourth Edition* and TWCC Advisory 2004-01, additional reimbursement in the amount of $**300.00** is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec.§ 413.011(a-d)
28 Texas Administrative Code Sec. §134.202
AMA Guide –4th Edition
TWCC Advisory 2004-01

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** entitled to additional reimbursement **in the amount of $300.00.**

Ordered by:

		4 / 13 / 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.