



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Dr. Glenn J. Bricken 25810 Oak Ridge Drive The Woodlands, TX 77380	MDR Tracking #.: M4-05-A755-01 Claim #: Injured Employee's Name:
Respondent's Name and Box #: TRAVELERS INDEMNITY CO OF CONN. Box 05	Date of Injury: Employer's Name: SCHLUMBERGER TECHNOLOGY CORP Insurance Carrier's #: 478CBBUG4663

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "The reimbursement should reflect the nature of the treatment."

- Principle Documentation:
1. DWC 60 package
 2. CMS 1500's
 3. Medical Reports

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: Respondent did not submit a Position Summary

- Principle Documentation: 1. DWC 60 package

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)
09/14/04	F / W1	90901	1, 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, sets out reimbursement guidelines.

1. This dispute relates to procedure/service that was billed under CPT code 90901 for DOS 09/14/04. CPT code 90901 was denied by carrier with denial codes "F – The procedure code is reimbursed based on the medical fee schedule" and "W1 – Workers compensation state fee schedule adjustment. If reduction then processed according to the Texas Fee Guideline".
2. Per CMS-1500, the zip code 77380 is located in Montgomery County. The MFG MAR for CPT code 90901 in Montgomery County is \$47.23. The Respondent paid \$47.23 via check #898 B 72043569; therefore, additional reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

PART VII: DIVISION DECISION

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.

Decision by:

5/16/07

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.