



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Azalea Orthopedic and Sports Medicine 3414 Golden Road Tyler, TX 75701	MDR Tracking No.: M4-05-A850-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: New Hampshire Insurance Co. C/o Flahive, Ogden & Latson Box 19	Date of Injury:
	Employer's Name: Neighborcare, Inc.
	Insurance Carrier's No.: 149142622

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...We have and faxed a request for payment or denial... but no effort from the insurance company has been made to process this claim on date of service 07/24/04. We seek resolution regarding payment for this date of service..."

Principle Documentation:

1. TWCC-60
2. Requestor's position summary
3. CMS 1500's
4. MMI report

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...The carrier asserts that it has paid according to applicable fee guidelines and/or reduced to fair and reasonable. Further, the carrier challenges whether the charges are consistent with applicable fee guidelines. All reductions of the disputed charges were made appropriately."

Principle Documentation: 1. TWCC-60 response

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
07/2/04	CPT Code 99455-V4-WP	1	\$246.91

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

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

This dispute relates to CPT Code 99455-V4-WP (MMI/IR). Neither party submitted EOBs. Per §133.307(e)(2)(B) the requestor has submitted fax confirmation sheets indicating a request for reconsideration. The Respondent indicated in their response to the dispute that the bill was submitted for processing. In communications with the Requestor, they have not received payment for this date of service.

1. Although the Respondent asserts that the disputed charges have been paid according to the fee guideline, communication with the Requestor's agent reveals that they have not been reimbursed for the services rendered to the injured worker. Therefore, per §134.202(e)(6)(C)(i) and (D)(II)(a) the submitted MMI/IR report and DWC-69 supports services were rendered.

Therefore it is the conclusion of the Medical Review Division that additional reimbursement in the amount of \$246.91 is due the requestor.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 413.011(a-d)  
28 Texas Administrative Code Sec. 134.202(e)(6)(C)(i)(1) and (D)(II)(a)  
28 Texas Administrative Code Sec. 133.307(e)(2)(B)

**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 \$246.91. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

Marguerite Foster

November 10, 2005

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.**