



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Dr. Edward F. Wolski 2436 I-35 E. South, Ste. #336 Denton, TX 76205	MFDR Tracking #: M4-05-A885-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: 47 Continental Casualty Co.	Date of Injury:
	Employer Name: American Staff Resources Corp.
	Insurance Carrier #: 3A811492

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary:
 "The carrier failed to respond to our initial billing for DOS 7/29/04 and 8/03/04. I have enclosed documentation as proof that the carrier received our initial billing over 45 days ago."
 Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. Medical Records

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary:
 An Affidavit signed on September 6, 2005 states, "As of September 6th, 2005, there is no record of the treatment fees for the particular dates of service, referenced in the Requestors' TWCC 60. No invoices were received from Dr. Edward F. Wolski, Wol+Med Medical, P.A...referencing treatment received on July 29, 2004 and August 3, 2004. Carrier Continental Casualty Company did not receive the alleged HCFA's for date of service 7/29/2004 CPT 90801, date of service 7/29/2004 CPT 90889, date of service 8/3/2004 CPT 99213 & date of service 8/3/2004 CPT 72100WP."
 Principle Documentation:

1. Response to DWC 60
2. Affidavit of Carolyn Henderson
3. EOB(s) for CPT code 99213 that indicate Insurance Rec: 9/5/04 and 10/2/04

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
7-29-04	No EOB	90801	1	\$0.00
7-29-04	No EOB	90889	1	\$0.00
8-3-04	No EOB	99213	2	\$0.00
8-3-04	No EOB	72100WP	1	\$0.00
Total Due:				

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.

1. This dispute related to CPT codes 90801, 90889, 99213 and 72100-WP with no EOB. Based upon the Affidavit from Carolyn Henderson, these services were not received by the Respondent; therefore, they are not eligible for review.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 not entitled to reimbursement.

Decision:

Elizabeth Pickle, RHIA

May 11, 2007

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.