**Texas Department of Insurance, Division of Workers' Compensation**
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

# MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

| | |
|---|---|
| Requestor's Name and Address:<br><br>Cody B. Doyle, D. C.<br>1740 RUFE SNOW DR STE B<br>KELLER TX 76248-5669 | MFDR Tracking #: M4-05-B240-01<br>DWC Claim #:<br>Injured Employee: |
| Respondent Name and Box #:<br><br>COMMERCE & INDUSTRY INSURANCE<br>BOX 19 | Date of Injury:<br>Employer Name: SBS ENTERPRISES INC<br>Insurance Carrier #: 710014406 |

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

No Position Summary was received from the Requestor

Principle Documentation:

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

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

Respondent's Position Summary: This dispute concerns DOS 8-9-04 through 10-18-04. The Carrier denied reimbursement for these services on the basis that the claimant was not entitled to benefits. This remains the case as there is no compensable injury per the January 2005 CCH decision and order and Appeals Panel Decision Number 050457."

Principle Documentation:

1. Response to DWC 60

## PART IV: SUMMARY OF FINDINGS

| Date(s) of Service | Denial Code(s) | CPT Code(s) and Calculations | Part V Reference | Amount Due |
|---|---|---|---|---|
| 8-9-04 – 10-18-04 | X689, Z651, X394 | 97010, 97035, G0283, 97110, 97140, 97530, 99213, 97112, 99080, 99214, 95831-59, 95851-59, 99354-25, 99080-73 | 1 | $0.00 |
| **Total Due:** | | | | $0.00 |

## 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. These services were denied by the Respondent with reason code - "X689-This workers's compensation claim has been denied," "Z651-This charge has been reimbursed according to the appropriate fee schedule or usual and customary value," and "X394-Our position remains the same: if you disagree with our decision please contact the TWCC Medical Dispute Resolution."

2. The Respondent's Position Summary states, "This dispute concerns DOS 8-9-04 through 10-18-04. The Carrier denied reimbursement for these services on the basis that the claimant was not entitled to benefits. This remains the case as there is no compensable injury per the January 2005 CCH decision and order and Appeals Panel Decision Number 050457." All services were thus denied as "not entitled to benefits."

3. A PLN 11 was filed on 9-2-04 disputing the claim in its entirety. A Contested Case Hearing was held on 1-19-05. This CCH determined that the claimant did not sustain a compensable left ankle injury on ___.

4. No reimbursement for these services is recommended. Per Texas Labor Code 413.042 (a) (1) and Rule 133.20 the Requestor may bill the injured worker.

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

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 for the services involved in this dispute.

**DECISION:**

| | Donna D. Auby | 5-11-07 |
|---|---|---|
| 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.**