



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Injury 1 Treatment Center 5445 La Sierra Drive #204 Dallas, TX 75231	MFDR Tracking #: M4-07-0190-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: ST PAUL FIRE & MARINE INSURANC. Rep Box #: 05	Date of Injury:
	Employer Name: Ronlin Enterprises
	Insurance Carrier #: WVA2445585 09W

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "In summary, It is our position that St. Paul has established an unfair and unreasonable time frame in paying for the services that were authorized and rendered to [injured worker]."

Principle Documentation:

1. DWC 60 package
2. CMS 1500's
3. Request for Eob's request

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondent Position Summary: Carrier submitted an Affidavit of Non-Existence of Business Record, which states, "As of 09/18/2006, there is no record a of medical bill submission and/or request for reconsideration of medical bills, having been received from Injury One Treatment Center regarding [injured worker], claim #478CBVOW0143T for dates of service of 09/06/2005 and 09/16/2005."

Principle Documentation:

1. Affidavit of Non-Existence of Business Record

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
09/06/05 - 09/16/05	No Eob's	97545-WH CA x 2	1	\$00.00
09/06/05 - 09/16/05	No Eob's	97546-WH CA x 9	2	\$00.00
Total Due:				\$00.00

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. This dispute is related to CPT code 97545-WH CA x 2 Units for dates of service (dos) 09/06/05 - 09/16/05. Review of the Requestor and Respondent’s documentation revealed that neither party submitted copies of EOB’s. The Respondent also submitted an Affidavit of Non-Existence of Business Record that stated, there is no record of a medical bill submission and/or request for reconsideration of medical bills received from the Requestor. Relevant information was not submitted to support delivery of services for dos 09/06/05 - 09/16/05.
Per rule (e)(2)(B) & 133.307(g)(3)(A) reimbursement is not recommended.
2. This dispute is related to CPT code 97546-WH CA x 9 Units for dos: 09/06/05 - 09/16/05. Review of the Requestor and Respondent’s documentation revealed that neither party submitted copies of EOB’s. The Respondent also submitted an Affidavit of Non-Existence of Business Record that stated, there is no record of a medical bill submission and/or request for reconsideration of medical bills received from the Requestor. Relevant information was not submitted to support delivery of services for dos 09/06/05 - 09/16/05.
Per rule 133.307(e)(2)(B) & 133.307(g)(3)(A) reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §133.307 (effective 12/31/06)
28 Texas Administrative Code Sec. §134.1

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 reimbursement.

Decision:

05/04/07

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.