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

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address: Dr. Jeffrey D. Reuben 4126 Southwest Frwy., Ste. 700 Houston, TX 77027	MDR Tracking No.: M4-07-0489-01 Claim No.: Injured Employee's Name:
Respondent's Name: Hartford Insurance Co. of the Midwest Rep. Box # 27	Date of Injury: Employer's Name: Republic Parking System Inc. Insurance Carrier's No.: YKXC06964

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary as listed on the Table of Disputed Services: "Not reimbursing according to DWC Fee Guideline."

Principle Documentation:
1. DWC 60 package
2. CMS 1500's
3. Explanation of Benefits (EOBs)
4. Medical Reports

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent did not submit a Position Summary

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)
1-20-06 2-15-06	W1, W4	99215	1-5	$13.90
TOTAL DUE				$13.90

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 procedures/services that were billed under CPT codes that were denied/reduced reimbursement by the insurance carrier based upon: "W1 – Workers Comp. state fee schedule adj. If reduction, then processed according to the Texas Fee Guideline; and W4 – No addl. Reimbursement allowed after review appeal/reconsideration. Reimbursement for your resubmitted invoice has been considered. No additional monies are being paid at this time. This bill was previously paid."

2. Per Commissioner's Bulletin #B-0006-06, "The CY 2005 conversion factor of $37.8975 is to be used effective immediately when calculating MAR for services provided on or after January 1, 2006."

3. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 8-22-06.

4. Based on Division Rule 133.307(d)(1-2), the only dates of service eligible for review are those commencing on 1-20-06 and extending through 2-15-06.

5. Per CMS-1500, the zip code 77027 is located in Harris County. The MFG MAR for CPT code 99215 in Harris County is $153.49. The insurance carrier paid $146.54 for each date of service. The Requestor is entitled to the difference between MFG MAR and amount paid which equals $6.95. This amount times two dates = $13.90.

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
Commissioner's Bulletin #B-0006-06

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 **$13.90.** 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:

	Elizabeth Pickle, RHIA	January 5, 2007
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.