



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Edward F. Wolski, M.D. / Wol+Med 2436 I-35 E. South Ste #336 Denton, TX 76205	MFDR Tracking #:	M4-07-2418-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: American Home Assurance Co Rep Box # : 19	Date of Injury:	
	Employer Name:	VERIZON COMMUNICATIONS INC
	Insurance Carrier #:	A56463057100010164

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "The claim(s) for date(s) of service 12/15, 12/16, 12/20, 12/28, 12/31/05, 1/9, 1/10, 1/11, 1/12 and 1/13/2006 has/have neither paid nor been acknowledged as received. We are submitting this as a Request for Reconsideration. Since there has been no acknowledgement, we cannot submit the EOB's for these claim(s). However, we are submitting proof of timely filing as well as proof of timely acceptance."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Since the time of filing, the Carrier has paid or is sending to audit services all dates of service at issue. All payments have been made pursuant to the fee guidelines."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
12/15/05 12/20/05 12/28/05 01/16/06	No EOB	97545-WH-CA, 3 units	1, 2	\$384.00
		97546-WH-CA, 20 hrs		\$1,280.00
Total Due:				\$1,664.00

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 relates to CPT codes 97545-WH-CA (Work Hardening), and CPT Code 97546-WH-CA (Work Hardening/each additional hour. Neither the Requestor nor the Respondent provided EOBs. The Requestor submitted convincing evidence of carrier receipt of "Request for Reconsideration" in accordance with 133.307(e)(2)(B).
2. The Requestor submitted an updated table of disputed services on 04/06/07. The updated table will be used for this review. The updated table shows an additional 15 minutes charge for CPT code 97546-WH-CA for DOS 12/15/05 that was not included on the original table. Once original table is submitted to the Division, the Requestor cannot add new dates of service or new CPT codes to the dispute.
3. The Requestor is a CARF accredited facility. Per Rule 134.202(e)(5)(C)(i-ii) reimbursement is recommended as follows:
 - CPT Code 97545-WH-CA \$384.00 (\$128.00 X 3 units = \$384.00) recommended.
 - CPT Code 97546-WH-CA \$1,280.00 (\$64/hr X 20 hrs = \$1,280.00) recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. §133.1, §133.307, §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 entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$1,664.00 plus accrued interest, due within 30 days of receipt of this Order.

Decision and Order:

05/02/07

 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.