



**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**PART I: GENERAL INFORMATION**

Requestor's Name and Address:  Diagnostic Imaging Institute, Inc. P.O. Box 743125 Dallas, TX 75374	MFDR Tracking #: M4-07-2800-01
	DWC#:
	Claimant:
Respondent Name and Box #:  Indemnity Insurance Co. of North America Box # 15	Date of Injury:
	Employer: Universal Health Services Inc.
	Carrier Claim #: 234CBABG6114

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

Requestor's Position Summary taken from the Table of Disputed Services: "Req test for Designated Dr exam."  
 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:  
 None submitted.

**PART IV: SUMMARY OF FINDINGS**

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
1-3-06	W12, W11	97750-FC (12 units)	1-4	\$409.08
<b>Total Due:</b>				\$409.08

**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 "W12-Extent of Injury. Not finally adjudicated. We are in receipt of your bill for services. Payment is being withheld pending further investigation of compensability/treatment. Please contact the claim handler for additional info.; and W11-Entitlement to Benefits. Not finally adjudicated. Payment is being withheld pending an investigation of the reasonable and necessity of the treatment.
2. According to Rule 130.6(m), "For testing other than that listed in subsection (l) of this section, the designated doctor may perform additional testing or refer the employee to other health care providers when deemed necessary to assess an impairment rating. Any additional testing required by the AMA Guides for the assignment of an impairment rating is not subject to preauthorization requirements in accordance with Labor Code §413.014 (relating to Preauthorization) and additional testing must be completed within seven working days of the designated doctor's physical examination of the employee." ."

3. 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."
4. Per CMS-1500, the zip code 78550 is located in Cameron County. The MFG MAR for CPT code 97750-FC in Cameron County is \$35.63 or less per Rule 134.202(d)(2). Per the Table of Disputed services, the Requestor is seeking medical dispute resolution for \$34.09 per unit of FCE. The reimbursement of \$34.09 X12 = \$409.08, this amount is recommended.

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

Texas Labor Code Sec. §413.011(a-d)  
 28 Texas Administrative Code Sec. §134.1, §134.202, 130.6

**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 \$409.08 plus accrued interest, due within 30 days of receipt of this Order.

**ORDER / DECISION:**

Elizabeth Pickle, RHIA

June 27, 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.**