



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

| | | |
|-------------------------------|----------------------|----------------------------|
| Requestor's Name and Address: | MFDR Tracking #: | M4-07-2953-01 |
| | DWC Claim #: | |
| | Injured Employee: | |
| Respondent Name: Leander ISD | Date of Injury: | |
| Box #: 43 | Employer Name: | Leander ISD |
| | Insurance Carrier #: | OHO4EGO3306001/LISD0500005 |

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: Per the Table of Disputed Services "out of pocket expenses private health insurance co-pay for PHI."

Principle Documentation:

1. DWC 60 package
2. Copies of receipts for out of pocket expenses

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: None submitted by Respondent.

Principle Documentation: None submitted by Respondent.

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 78628 is located in Williamson county.

| Date(s) of Service | Denial Code(s) | CPT Code(s) and Calculations | Part V Reference | Amount Due |
|---|----------------|---|------------------|-----------------|
| 01-06-06, 02-06-06, 02-28-06 & 03-30-06 | NO EOB | Hydroco/APAP (co-pays)(\$10.00 X 4 DOS) | 1 | \$40.00 |
| 03-08-06 & 03-30-06 | NO EOB | Methadose (co-pays) (\$10.00 X 2 DOS) | 1 | \$20.00 |
| 02-21-06 | NO EOB | Fentanyl (co-pay) | 1 | \$10.00 |
| 01-06-06 & 03-24-06 | NO EOB | Cymbalta (co-pays) (\$40.00X 2 DOS) | 1 | \$80.00 |
| 01-06-06, 02-21-06 & 03-24-06 | NO EOB | Lyrica Cap (co-pays) (\$40.00 X 3 DOS) | 1 | \$120.00 |
| 01-01-06 | NO EOB | Kadian (co-pay) | 1 | \$40.00 |
| 01-16-06 | NO EOB | Kadian (co-pay) | 1 | \$26.48 |
| Total Due: | | | | \$336.48 |

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled, (Guidelines and Medical Policies), and Division Rule §134.503 titled Subchapter F, Pharmaceutical Benefits effective January 3, 2002, set out reimbursement guidelines.

Per Rule 133.307 (d)(1) a request for medical dispute resolution on a carrier denial or reduction of a medical bill ...shall be considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The dispute was received by the division on 12-27-06. Date of service 09-16-05 through 12-09-05 was not timely filed and is ineligible for review.

1. Per Rule 134.504(1) and (2) which states in part “The injured employee shall submit to the insurance carrier a letter requesting reimbursement along with a receipt indicating the amount paid and documentation concerning the prescription... The insurance carrier shall make appropriate payment to the injured employee in accordance with §134.503, or notify the injured employee of a reduction or denial of the payment within 45 days of receipt of the request for reimbursement from the injured employee...”
2. No EOB’s were submitted for dates of service in dispute for out of pocket expenses. Per 28 Texas Administrative code Sec. 134.503, Subchapter (F), reimbursement in the amount of \$336.48 is recommended as follows:
 - 01-06-06, 02-06-06, 02-28-06 and 03-30-06 Hydroco-APAP - amount due \$40.00
 - 03-08-06 and 03-30-06 Methadose - amount due \$20.00
 - 02-21-06 Fentanyl - amount due \$10.00
 - 01-06-06 and 03-24-06 Cymbalta - amount due \$80.00
 - 01-06-06, 02-21-06 and 03-24-06 Lyrica Cap - amount due \$120.00
 - 01-01-06 Kadian - amount due \$40.00
 - 01-16-06 Kadian - amount due \$26.48

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.503 and §134.504

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 reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$336.48 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

05-23-07

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.