



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: Pedro Nosnik 4100 W. 15 th St. #206 Plano, TX 75093	MDR Tracking No.:	M4-07-3137-01
	Claim No.:	
	Injured Employee's Name:	
Respondent's Name: Hartford Ins Co of the Midwest Rep Box #: 27	Date of Injury:	
	Employer's Name:	Conns Inc
	Insurance Carrier's No.:	YLLC12179

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor has not submitted a Position Summary; however, the Requestor's rationale on the table of disputed services states, "to be paid according to guidelines."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent did not submit a response to DWC-60.

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)
1/26/06	W1/W4	99244	1, 2	\$9.85
1/26/06	W1/W4	95860	1, 3	\$5.48
1/26/06	W1/W4	95903	1, 4	\$16.52
1/26/06	W1/W4	95904	1, 5	\$13.28
1/26/06	W1/W4	95934	1, 6	\$4.38
TOTAL DUE				\$49.51

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.

- This dispute relates to procedures 99244 (Office Consultation), 95860 (Needle Electromyography), 95903 (Nerve Conduction), 95904 (Nerve Conduction-Sensory) and 95934 (H-Reflex), reduced as "W1 – WC State Fee Sched Adjust. Reimbursement According to the Texas Medical Fee Guidelines, and W4 – No addl reimbursement allowed after review of appeal/reconsideration."
- The MAR for CPT Code 99244 in Dallas County is \$223.43. The Respondent reimbursed \$213.29; therefore, per Rule 134.202 (d)(2), additional reimbursement in the amount of \$9.85 is recommended.
- The MAR for CPT Code 95860 in Dallas Co. is \$120.84. The Respondent reimbursed \$115.36; therefore, per Rule 134.202 (c)(1), additional reimbursement in the amount of \$5.48 is recommended.

4. The MAR for CPT Code 95903 in Dallas Co. is \$364.24 (\$91.06 x 4 units). The Respondent reimbursed \$347.72; therefore, per Rule 134.202 (d)(2), additional reimbursement in the amount of \$16.52 is recommended.
5. The MAR for CPT Code 95904 in Dallas Co. is \$292.40 (\$73.10 x 4 units). The Respondent reimbursed \$279.12; therefore, per Rule 134.202 (d)(2), additional reimbursement in the amount of \$13.28 is recommended.
6. The MAR for CPT Code 95934 in Dallas Co. is \$96.06 (\$48.03 x 2 units). The Respondent reimbursed \$91.68; therefore, per Rule 134.202 (d)(2), additional reimbursement in the amount of \$4.38 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
 28 Texas Administrative Code Sec. §133.307 (effective 12/31/06)
 28 Texas Administrative Code Sec. §134.1
 28 Texas Administrative Code Sec. §134.202

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 **\$49.51**. 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:

<p>_____</p> <p>Authorized Signature</p>	<p>_____</p> <p>Medical Fee Dispute Resolution Officer</p>	<p>4/3/07</p> <p>Date of Order</p>
--	--	------------------------------------

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.