



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: SADI Pain Center 2525 W. Bellfort Houston, Texas 77054	MDR Tracking No.: M4-07-3280-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: TRAVELERS INDEMNITY COMPANY REP BOX #: 05	Date of Injury:
	Employer's Name: Southwest Tex Leasing, Inc.
	Insurance Carrier's No.: 478CBABG8470

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's Position Summary as indicated on the Table of Disputed Services states, "Not Paid Fair/Unreasonable."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. EOBs
4. Proof of Request for Reconsideration

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's Position Summary states, "Carrier stands behind its denial as adequate proof of ACS [sic] license has not been obtained."

Principle Documentation:

1. 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)
08/24/06	T104-52	36000	1 – 4	\$32.43
TOTAL DUE				\$32.43

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 CPT code 36000 for date of service 08/24/06 denied as "T104-52—The referring/prescribing/rendering provider is not eligible to refer/prescribe/refer/perform the service billed. The provider is not licensed in Texas as an ASC."
2. The provider in question is licensed in the State of Texas and is an approved doctor in the worker's compensation system (Level 2), with a specialty in anesthesiology/surgery. Per Rule 180.23(2), a Level 2 Certificate of Registration allows a doctor to serve in any role authorized in the Texas workers' compensation system with the exception of serving as a designed doctor.
3. ANSI code 52 is an inactive code as of 2/01/06; therefore, this is an inappropriate denial per Rule 134.202(c)(1). The Requestor did not perform disputed services in an ASC. Therefore, per rule 134.202 (b) and (c)(1), reimbursement in the amount of \$32.43 (\$25.94 x 125%) is recommended.

4. A referral was made to Legal and Compliance against the Respondent for violation of Rule 134.202(c)(1).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code, Section §413.011(a-d), 413.031
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §180.23(2)
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 reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$32.43 plus accrued interest, due within 30 days of receipt of this Order.

Ordered by:

04/23/07

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.