



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:
Geneva Medical Management
P.O. Box 121589
Arlington, TX 76012

MDR Tracking No.: M4-07-3361-01

Claim No.:

Injured Employee's Name:

Respondent's Name:
National Surety Corp
Box 19

Date of Injury:

Employer's Name: American Leather LP

Insurance Carrier's No.: 85004393363

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, "MMI/IR Evaluation."

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "This case involves DOS 08/23/06. The carrier paid \$700 of a proper bill for \$800, leaving \$100 in dispute. The amount was reduced because of improper unbundling of an employee's services."

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)
08/23/06	1-(42)	99456-26, 99456-TC	1-3	\$100.00
TOTAL DUE				\$100.00

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 99456-26 and 99456-TC (Work related or medical disability examination by other than the treating physician), denied as "1-(42) Charges exceed our fee schedule or maximum allowable amount."
- Per Rule 134.202(e)(6)(C)(iii), reimbursement for work related or medical disability examination by other than the treating physician is \$350.00. Additionally per Rule 134.202(e)(6)(D)(iii)(II)(-a)-(-b-), if the Diagnosis Related Estimates (DRE) method is used, the MAR is \$150.00 for each body area and if physical evaluation with range of motion is performed, the MAR is \$300.00.
- DRE method and ROM were used to perform evaluation. Requestor billed \$800.00 for services. Respondent paid \$700.00. Additional reimbursement in the amount of \$100.00 is recommended per Rule 134.202(e)(6)(D)(IV) and (V).

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 **\$100.00**. 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:

4/11/07

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.