



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:	MFDR Tracking #:	M4-07-3407-01
Jeffrey D. Reuben, M.D. 4126 Southwest Frwy Ste 700 Houston, TX 77027	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #:	Date of Injury:	
Liberty Insurance Corp Rep Box #: 28	Employer Name:	WERNER ENTERPRISES INC
	Insurance Carrier #:	WC2006301958

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "The carrier has reimbursed the claim incorrectly. Procedure 99215 received insufficient payment... We simply request the carrier comply with The Commission's rule regarding reimbursement."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondent did not submit a response to the DWC-60

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 77027 is located in Harris county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
08/28/06 10/11/06	113-002, 663	99215(\$122.81 x 125% - \$121.54 x 2 DOS)	1, 2	\$63.94
Total Due:				\$63.94

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.

Adjustor was contacted on 05/02/07 regarding the denial "Paid per Pennsylvania WC." Teri returned phone call and verify that they should have reimbursed per Texas WC.

1. This dispute relates to CPT code 99215 (Office visit) with denial reason code "113-002 – Network import re-pricing. Non-contracted provider" and code "663 – Reimbursement has been calculated according to the state fee schedule guidelines." Reconsideration EOB states "This bill was paid correctly as per state fee schedule for juris/state Pennsylvania for workers comp claims. The insurance company has the claim under the state of PA."

2. Per the CMS-1500, services were rendered in Zip Code 77027 which is located in Harris County. The MFG MAR for CPT code 99215 in Harris County is \$153.51. Per Rule 134.202(c)(1) additional reimbursement in the amount of \$63.94 (\$153.51-\$121.54 paid = \$31.97 x 2 DOS = \$63.94) 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

PART VII: DIVISION 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 \$63.94 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

05/18/07

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.