



**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**PART I: GENERAL INFORMATION**

|  |   |
|--|---|
| Requestor's Name and Address:<br><br>Wilson Velazquez, M. D.<br>5734 Spohn Dr. Ste B<br>Corpus Christi, TX 78414 | MFDR Tracking #: M4-07-3769-01            |
|  | DWC Claim #:                              |
|  | Injured Employee:                         |
| Respondent Name and Box #:<br><br>TEXAS MUTUAL INSURANCE CO<br>Box 54  | Date of Injury:                           |
|  | Employer Name: PM CONSTRUCTION & REHAB LP |
|  | Insurance Carrier #: 9400000034007        |

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary (Table of Disputed Services): "Authorization was obtained prior to services rendered. See Auth letter (Exhibit #3)."

Principle Documentation:

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

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent's Position Summary: "Even though the provider listed MAC in its request, Texas Mutual is under no obligation, according to Rule 134.600, to render a decision or to notify the provider that it will not review a request for MAC."

Principle Documentation:

1. Response to DWC 60
2. EOB(s)

**PART IV: SUMMARY OF FINDINGS**

Review of the box 32 on CMS-1500, revealed zip code 78414 is located in Nueces county.

| Date(s) of Service | Denial Code(s)   | CPT Code(s) and Calculations | Part V Reference | Amount Due |
|--------------------|------------------|------------------------------|------------------|------------|
| 10-26-06           | 244, 50, W4, 891 | 01992-AA-QS                  | 1, 2             | \$268.59   |
| <b>Total Due:</b>  |                  |                              |                  | \$268.59   |

**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.

- 1) The Respondent denied these services as “50-These are non-covered services because this is not deemed a ‘medical necessity’ by the payer,” “244-unnecessary medical,” “891-The insurance company is reducing or denying payment after reconsideration,” “W-4-No additional reimbursement allowed after review of appeal/reconsideration.”
- 2) Per Rule 134.600 (h), the Requestor provided a copy of a preauthorization letter dated 9-26-06 for “Lumbar ESI at L5-S2 level under fluoroscopic guidance and with MAC anesthesia.” The Respondent denied the MAC anesthesia for unnecessary medical treatment based on a peer review. This is a violation of Rule 134.600 (c)(1)(B).
- 3) Recommend reimbursement per Rule 134. 202(c)(1).

Time units = 10 minutes divided by 15 = .67 units  
 Base units = 5 units  
 5.67 x \$47.37 (conversion factor) - \$268.59

Reimbursement of \$268.59 is due the Requestor.

A Legal and Compliance referral will be made for inappropriate denial of the preauthorized service per Rule 134.600.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES**

Texas Labor Code Sec. §413.011(a-d)  
 28 Texas Administrative Code Sec. 28 Texas Administrative Code Sec. 134.1, 134.202, 134.600

**PART VII: DIVISION DECISION AND/OR 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 \$268.59 plus accrued interest, due within 30 days of receipt of this Order.

**ORDER:**

Donna D. Auby

5-23-07

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.**