Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Nestor Martinez, D.C. 6660 Airline Dr. Houston TX 77076	MFDR Tracking #: M4-07-3936-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: OLD REPUBLIC INSURANCE CO Box #42	Date of Injury: Employer Name: DOMINOS PIZZA LLC Insurance Carrier #: A62100607200010121

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary taken from the Table of Disputed Services: "Our facility is to be reimbursed $51.20 per unit for a non-CARF accredited facility..."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: No Position Summary submitted

Principle Documentation:

1. Facsimile dated 4/17/07

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
6/13/06, 6/14/06, 6/15/06, 6/16/06	510, 45, W1	97546-WH ($64.00 x 80% x 20 units)	1, 2	$102.40
Total Due:				$102.40

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, set out the reimbursement guidelines.

1. Per review of Box 32 on CMS-1500, zip code 76205 is located in Harris77076 County.

2. These services were denied by the Respondent with reason code "Service not deemed "Medically Necessary" by payer Payment determined Contract/Legislated Fee Arrangement Exceeded Workers' Compensation State Fee Schedule Adj" and "Additional payment on appeal/reconsideration."

3. The Respondent was contacted concerning whether a contract exists between the Requestor and the Respondent. On 4/17/07, the Respondent indicated, by means of facsimile, that there is no contract between the Requestor and the Respondent. Therefore, the reduction, based upon a contract, is not an issue in this dispute.

4. The Respondent denied all services in dispute as "Unnecessary Medical" treatment. The Requestor made partial payment upon initial review of the bills for the dates of service in dispute and made additional payment upon appeal/reconsideration of the bills for the dates of service in dispute. Therefore, medical necessity is not an issue in this dispute.

5. The Requestor billed the Respondent $1,024.00 for the dates of service in dispute. Payments in the amount of $921.60 were made for the dates of service in dispute. Per 28 Texas Administrative Code Sec. §134.202 (c)(5)(A)(2), a non-CARF accredited facility should be paid at a rate of 80% of the MAR of $64.00 per hour. The Requestor is a non-CARF accredited facility. Therefore, additional reimbursement in the amount of $102.40 is due the requestor for the dates of service in dispute.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §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 $102.40 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

	James Schneider	7/6/07
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.