Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Nestor Martinez, D.C. 6660 Airline Drive Houston, Texas 77037	MFDR Tracking #: M4-07-4050-01 DWC Claim #: Injured Employee:
Respondent Name: Zurich American Insurance Company Box #: 19	Date of Injury: Employer Name: Sunstone Hotel Properties Inc. Insurance Carrier #: 001406004759WC01

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: Per the Table of Disputed Services "Our facility had pre-authorization for these services."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Copy of preauthorizations

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "It appears that the disputed services may have exceeded any alleged preauthorization."

Principle Documentation: Response to DWC

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
06-07-06 & 06-09-06	18	97140 (1 unit @ $33.33 X 2 units X 2 DOS)	1-5	$133.32
06-07-06 & 06-09-06	18	97112 (1 unit @ $37.16 X 2 DOS)	1-5	$74.32
06-09-06	18	97110 (1 unit @ $35.86 X 4 units)	1-5	$143.44
06-09-06	18	99212	1, 2, 4 & 5	$49.44
11-02-06, 11-03-06, 11-13-06 & 11-15-06	62	97545-WH ($102.40 X 4 DOS)	4, 6, 7 & 8	$409.60
11-02-06, 11-03-06, 11-13-06 & 11-15-06	62	97546-WH ($256.00 X 4 DOS)	4, 6, 7 & 8	$1,024.00
Total Due:				$1,834.12

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 the CPT code billed with denial reason "18" (duplicate claim/service).

2. The Requestor submitted documentation for review which revealed that the claim submitted was not a duplicate, but rather was a "reconsideration" submission of a claim(s) previously submitted.

3. The Requestor obtained preauthorization prior to the service(s) being provided (preauthorization number 1000177185) for CPT codes 97140, 97110 and 97112 for 6 visits with a start date of 06-02-06 through 09-02-06 as required by Rule 134.600.

4. The service was provided in Harris County, Texas.

5. Reimbursement is recommended per Rule 134.202(c)(1) in the amount listed above.

6. The Requestor denied the service with denial reason "62" (payment denied/reduced for absence of, or exceeded, pre-certification/authorization).

7. The Requestor obtained preauthorization prior to the service being provided (preauthorization number 1000199222).

8. Reimbursement is recommended per Rules 134.202(e)(5)(A)(ii) and 134.202(e)(5)(C)(ii) in the amount listed above.

A Legal and Compliance referral will be made due to the Respondent being in violation of Rule 134.600 which states "The carrier is liable for all reasonable and necessary medical costs relating to the health care: preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care."

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

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

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 $1,834.12 plus accrued interest, due within 30 days of receipt of this Order.

Decision and Order by:

		05-07-07
Authorized Signature	Medical Fee Dispute Resolution Officer	Date of Decision and 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.