



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Diagnostic Imaging Institute, Inc. P.O. Box 743125 Dallas, TX 75374	MFDR Tracking #:	M4-07-4759-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: Hartford Insurance Co. of the Midwest Box # 27	Date of Injury:	
	Employer Name:	Fidelity National Financial Inc.
	Insurance Carrier #:	YMXC00445

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary taken from the Table of Disputed Services: "FCE requested by Designated Dr."
 Principle Documentation:
 1. DWC 60 package
 2. CMS 1500(s)

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary:
 None submitted.

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
4-7-06	No EOB	97750-FC (12 units)	1-5	\$426.12
Total Due:				\$426.12

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.

- Per Rule 133.307(e)(2)(b), the Requestor submitted convincing evidence of carrier's receipt of the Requestor's request for an EOB; therefore, the disputed service will be reviewed in accordance with the Division's *Medical Fee Guideline*.
- According to Rule 130.6(m), "For testing other than that listed in subsection (l) of this section, the designated doctor may perform additional testing or refer the employee to other health care providers when deemed necessary to assess an impairment rating. Any additional testing required by the AMA Guides for the assignment of an impairment rating is not subject to preauthorization requirements in accordance with Labor Code §413.014 (relating to Preauthorization) and additional testing must be completed within seven working days of the designated doctor's physical examination of the employee."
- Rule 134.202(e)(4), states in part "Functional Capacity Evaluation (FCE). A maximum of three FCEs for each compensable injury shall be billed and reimbursed. FCEs ordered by the commission shall not count toward the

three FCEs allowed for each compensable injury...Reimbursement shall be for up to a maximum of four hours for the initial test or for a commission ordered test..."

- 4. Per Commissioner's Bulletin #B-0006-06, "The CY 2005 conversion factor of \$37.8975 is to be used effective immediately when calculating MAR for services provided on or after January 1, 2006."
- 5. Per CMS-1500, the zip code 75075 is located in Collin County. The MFG MAR for CPT code 97750-FC in Collin County is \$35.63 or less per Rule 134.202(d)(2). Per the Table of Disputed services, the Requestor is seeking medical dispute resolution for \$35.51 per unit of FCE. The reimbursement of \$35.51 X12 = \$426.12, this amount 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, 130.6

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 \$426.12 plus accrued interest, due within 30 days of receipt of this Order.

ORDER / DECISION:

Elizabeth Pickle, RHIA

June 27, 2007

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.