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's Name and Address:	MFDR Tracking #: M4-07-4916-01
Imaging Center Partnership 8230 Walnut Hill Ln Ste 100 Dallas, TX 75231-4472	DWC Claim #: Injured Employee:
Respondent Name and Box #:	Date of Injury:
Zurich American Insurance Co Rep Box #: 19	Employer Name: AMAZON.COM INC Insurance Carrier #: A66461369800010164

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "On 3/7/07 we faxed a new appeal for the no authorization denial. On 5/1/06 we spoke to Courtney Thomas prior to the test and she approved this charge as reasonable and necessary. Our bill is almost 1 year old. We are seeking reimbursement according to the TWCC fee schedule and are requesting additional payment of $660.02 without any further delay."

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: "Carrier maintains its denial of Provider's request for reimbursement. In addition, the information included in the Provider's request for medical dispute resolution shows that Provider has not complied with rules pertaining to medical bill…While Provider asserts that it sent a request for reconsideration, it did not provide proof that such a request was actually sent."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 75231 is located in Dallas county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
05/01/06	18, 15(880-004)	72148-TC ($528.02 x 125% - $32.58)	1- 4	$627.44
	18, W1	73520-TC ($28.57 x 125% - $3.13)	1, 2, 5	$32.58
Total Due:				$660.02

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. These services were denied by the Respondent on original EOB with reason code "18 – Duplicate claim/service" and on reconsideration EOB with reason code "15(880-004) – Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider/Payment denied by the Carrier as the service was rendered without pre-authorization.$0.00, or W1 – Workers Compensation State Fee Schedule Adjustment."

2. The Respondent did not respond to the Division with documentation to support their denial "D- Duplicate bill."

3. Per Rule 134.600 initial MRI does not require pre-authorization.

4. Per Rule 134.202(c)(1) reimbursement for CPT code 72148-TC is $660.03, Respondent paid $32.58. This leaves a balance of $627.45; however, the Requestor listed $627.44 as the amount in dispute; therefore, this is the amount recommended for additional reimbursement per Rule 134.202(d)(2).

5. Per Rule 134.202(c)(1) reimbursement for CPT code 73520-TC is $35.71, Respondent paid $3.13. Additional reimbursement in the amount of $32.58 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 $660.02 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.