



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Edward F. Wolski, M.D. / Wol+Med 2436 I-35 E. South Ste #336 Denton, TX 76205	MFDR Tracking #:	M4-05-0951-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: Insurance Co Of The State Of PA Rep Box # : 19	Date of Injury:	
	Employer Name:	SC JOHNSON & SON INC
	Insurance Carrier #:	A36461535300010

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: The carrier did not pay the MAR upon the request for reconsideration on dates of service 12/12/03, 12/15/03, 12/16/03."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "The Requestor billed for Work Hardening for the above stated dates of service. Pursuant to Rule 134.3600 (h)(9) All work hardening and/or work conditioning programs, regardless of accreditation, will be subject to preauthorization and concurrent review. The Requestor simply did not have this procedure pre-authorized, violating the rules as set out by the TWCC, as noted in the included letter from the Carrier."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
12/12/03 12/15/03 12/16/03	F	97546-WH-CA	1-4	\$38.40
Total Due:				\$38.40

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, sets out the reimbursement guidelines.

1. This dispute relates to CPT Code 97546-WH-CA (Work Hardening/each additional hour), denied with reason code F (Fee Guideline MAR Reduction).
2. Per Rule 134.3600 (h)(9), work hardening and/or work conditioning programs, regardless of accreditation, will be subject to preauthorization and concurrent review during the period of 1/1/04 through 3/15/04. The Requestor submitted an e-mail withdrawing dates of service 01/05/04 through 01/16/04.
3. For date of service 12/16/03, EOB provided by the Requestor shows that the Respondent paid for 5 hours at the CARF rate, and 1 hour at the non-CARF rate.
4. Requestor is a CARF accredited facility; Respondent made payment at the non-CARF accredited rate. Per Rule 134.202(e)(5)(C)(ii) additional reimbursement in the amount of \$38.40 ($\$64/\text{hr} \times 3 \text{ hrs} = \$192.00 - \$153.60 \text{ paid} = \38.40) is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. §133.307, §134.1, §134.202

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 \$38.40 plus accrued interest, due within 30 days of receipt of this Order.

Decision:

4/11/07

 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.