



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: East Texas Chiropractic 150 West Gibson Jasper, TX 75951	MDR Tracking No.: M4-05-1683-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Deep East Texas Self Insurance Rep Box # 21	Date of Injury:
	Employer's Name: Newton Housing Authority
	Insurance Carrier's No.: 0906001020022172

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documentation does support tx/services. Preauth was obtained.
Principle Documentation:

1. Requestor's position statement
2. EOBs
3. Medical Records

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documentation does not support that billed service were performed.
Principle Documentation: 1. TWCC-60
2. Peer Review

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
7-6-04 thru 8-6-04	N	97545WH and 97546WH – Work Hardening Program (10 dates)	1	\$3635.20
TOTAL DUE				\$3635.20

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

1. Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

This dispute relates to work hardening program that was denied reimbursement based upon "N- Not documented."

Rule 134.202(5)(A)(ii) and (C), indicates that work hardening program as defined by CARF manual will be reimbursed at 80% of \$64.00 for Non-CARF accredited program - \$51.20/hr.

Insurance carrier's peer review indicated that "The provided services do not support that this patient was participating in a multidisciplinary return-to-work program identified by TWCC qualifying as a work hardening program. There was no documentation that the patient would require a psychosocial component related to the work injury that required a work hardening level of program and no indication that any such provision was included in the treatment received."

According to CARF, work hardening programs are intensive, highly structured, goal-oriented, and individualized. They are interdisciplinary. Work hardening programs provide a transition from acute care and return to work while addressing the issue of productivity, safety, physical tolerances, vocation, and work behavior.

Insurance carrier gave preauthorization approval for 30 sessions of work hardening. Therefore, insurance carrier's denial based upon "U

– Unnecessary treatment” violates rule 133.301(a) by retrospectively denying preauthorized treatment based upon medical necessity.

Work hardening reports supports billed service; therefore, reimbursement of 8 hours per day X \$51.20 = \$409.60/ day X 8 dates = \$3,276.80. Reimbursement for 3 hours X \$51.20 on 8-5-04 = \$153.60. Reimbursement for 4 hours X \$51.20 = \$204.80 for date of service 8-6-04.

Therefore it is the conclusion of the Medical Review Division that additional reimbursement in the amount of \$3635.20 is due the requestor.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. § 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
Rule 134.202(5)(A)(ii) and (C)
Rule 133.301(a)

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 additional reimbursement **in the amount of \$3635.20.**

Ordered by:

Elizabeth Pickle, RHIA

January 13, 2006

Authorized Signature

Typed Name

Date of 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.