



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: Pain & Recovery Clinic of North Houston 6660 Airline Drive Houston, TX 77076	MDR Tracking No.: M4- 05-1936-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Old Republic Insurance Company Box 02	Date of Injury:
	Employer's Name: WW Bartlett Inc.
	Insurance Carrier's No.: OR03EG00762001

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "This disputed is strictly a fee issue based on the carrier's payment exception codes and language."
Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: states in part, "The Respondent's Rational column reflects the time indicated on the billing documentation that the actual session lasted each day. EGIG reimbursed based on the documented time reported."
Principle Documentation: 1. Response to DWC 60

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)
03/08/04 – 04/23/04	F	97799-CP	1	\$0.00
04/26/04 & 04/27/04	F	97799-CP	2	\$0.00
TOTAL DUE				\$0.00

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

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

1. CPT Code 97799-CP billed for dates of service 03/08/04 through 04/27/04 was denied by Respondent with denial codes "F" (Documentation does not justify level of service) and "F" (Payment for interdisciplinary programs not accredited by CARF shall be reduced 20% below the usual and customary reimbursement for that program).

The Requestors program is not CARF accredited. Per Rule 134.202 (e) (5) (A) (ii), the hourly reimbursement for a non-CARF accredited program shall be 80% of the MAR. Per Rule 134.202 (e) (5) (E) (ii), 20% of \$125.00 = \$100.00 per hour. Therefore, reimbursement at \$100.0 per hour as indicated on the EOB's was accurate.

Carrier made payments for each date of service as stated in their response "based on the documented time reported." The

Respondent marked their *Table of Disputed Services* with the number of hours of services they reimbursed. The Requestor requested \$12,200.00 and the Respondent made payments amounting to \$8,825.00, leaving a balance of \$3,375.

The Requestor submitted CMS 1500's that stated the number of hours/units billed for CPT 97799, but failed to submit the supporting documentation that would verify the utilization of time as billed, therefore additional reimbursement is not recommended.

2. CPT Code 97799-CP billed for dates of service 04/26/04 and 04/27/04, were reimbursed by Respondent, as explained in # 1 above, "based on the documentation they received".

The Requestor submitted CMS 1500's that stated the number of hours/units billed for CPT 97799, but failed to submit the supporting documentation that would verify the utilization of time as billed, therefore additional reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

PART VII: DIVISION DECISION

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 not entitled to additional reimbursement.

Decision by:

Eileen V. Atkinson, Medical Dispute Officer

01/23/07

Authorized Signature

Typed Name

Date of Decision

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.