



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Alta Healthcare Clinic, L.P. 2420 East Randol Mill Road Arlington, TX 76011	MFDR Tracking #: M4-05-2926-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: Hartford Underwriters Insurance Rep Box # 27	Date of Injury:
	Employer Name: Pro Line Printing Inc.
	Insurance Carrier #: 857C 05887

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: The Table Of Disputed Services Rationale stated: " Not global to any other service" & " Pre-Authorized followed fee guidelines".

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: Respondent did not submit a response.

Principle Documentation:

1. N/A

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
02/24/04	F	95833-Muscle Testing	1	\$00.00
04/19-04/29/04	F,A	97545-WC	2	\$345.60
04/19-04/29/04	F,A	97546-WC	3	\$950.40
Total Due:				\$1296.00

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.

On 04/19/2007 the Requestor submitted an updated Table of Disputed Services; therefore it will be used for this review.

1. This dispute is related to CPT code 95833 for date of service 02/24/04 with reason code "F The services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s)

performed”. According to Rule 134.202 (b) this code is considered to be a component procedure of CPT code 99213 which was billed on the same date of service. There are no circumstances in which a modifier would be appropriate. The services represented by the code combination will not be paid separately.

2. CPT code 97545-WC for dates of service 04/19-04/29/04 denied with “F-Work Hardening & Work Conditioning services provided in a facility that has not been approved from exemption by the commission requires pre-authorization effective 01/01/02”. “ A-Pre-Authorization not obtained”. The Requestor obtained pre-authorization # H490927836 dated 04/16/2007 with a start date of 04/16/2004 and end date of 05/16/2004. Therefore, per Rule 134.202 (e) (5) (A) (ii) and (e) (5) (B) (i) (ii) reimbursement in the amount of \$345.60 ($\$36.00 \times 80\% = \28.80×72 units) is recommended.
3. CPT code 97546-WC for date of service 04/19-04/29/04 denied with “F- Work hardening & Work Conditioning services provided in a facility that has not been approved from exemption by the commission requires pre-authorization effective 01/01/02”. “A-Pre-Authorization not obtained “. The Requestor obtained pre-authorization # H490927836 dated 04/16/2007 with a start date of 04/16/2004 and end date of 05/16/2004. Therefore per Rule 134.202 (e) (5) (A) (ii) and (e) (5) (B) (ii) reimbursement in the amount of \$950.40 ($\$36.00 \times 80\% = \28.80×33 hrs) is recommended.

A referral has been submitted to Legal & Compliance.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §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 \$1296.00 plus accrued interest, due within 30 days of receipt of this Order.

Order:

05/11/2007

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.