



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Downtown Performance Center 3033 Fannin Houston, Texas 77004	MFDR Tracking #: M4-05-3037-01 (Previously M5-05-0717-01)
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: METROPOLITAN TRANSIT AUTHORITY REP BOX #: 19	Date of Injury:
	Employer Name: Metropolitan Transit Authority
	Insurance Carrier #: 0300861

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Work Hardening Program was Pre-authorized and approved for 10 visits on 12/23/2003 with Pre-Auth # METO 3079 AR by Work-Link Pre-Authorization Department. Wrongfully denied as unnecessary medical treatment Code U."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. EOBs
4. Medical Records
5. Preauthorization Approval Letter dated 12/23/03

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Daily treatment sheets support 70 minutes per day only. Discrepancy between narrative discharge evaluation & daily forms. Forms also incomplete...Documentation does not support services billed. Participation in multi-disciplinary program is not supported. Daily treatment forms incomplete and differ from discharge narrative."

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
01/05/04 thru 01/19/04	U, N/O	97545-WH-GP x 2 Units X 10 Days	1	\$1,024.00
01/05/04 thru 01/19/04	U, N/O	97546-WH-GP x 6 Hours X 10 Days	2	\$3,072.00

Total Due:			\$4,096.00
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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.

Preauthorization approval #METO 3079 AR was given on 12/23/03 for a Work Hardening Program, 5X/Week for 2 Weeks, for a total of 10 visits.

Rule 134.600(c)(i)(B), states, "...The carrier is liable for all reasonable and necessary medical costs relating to the health care...listed in subsection (p) or (q) of this section only when the following situations occur...preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..."

Per Rule 134.202(e)(5)(A)(ii), A Non-CARF accredited program shall be reimbursed at 80% of the MAR. Rule 134.202(e)(5)(C)(ii) states, "Reimbursement shall be \$64.00." Per Rule 134.202(e)(5)(C)(i), the first two hours of each session shall be billed and reimbursed as one unit.

1. This dispute is related to CPT code 97545-WH GP for dates of service 01/05/04, 01/07/04, 01/08/04, 01/09/04, 01/12/04, 01/13/04, 01/14/04, 01/15/04, 01/16/04 and 01/19/04 that were denied with reason codes "U/N— Documentation does not support 8 hours/day of work hardening sessions. No treatment sheets provided; and "O— Denial after reconsideration. Daily treatment sheets support 70 minutes per day only. Discrepancy between narrative discharge evaluation and daily form. Forms incomplete"; and "O—Denial after reconsideration. Documentation does not support services billed. Participation in a multidisciplinary program is not supported. Dailey treatment incomplete and differ from discharge narrative." The Requestor's submitted documentation substantiates the services were rendered as billed. Per Rule 134.202(b) and (c)(1), reimbursement is recommended.
 - CPT code 97454 WH x 1 unit (\$64.00 x 80% = \$51.20 x 2 hrs = \$102.40 x 10 days = \$1,024.00)

2. This dispute is related to CPT code 97546 WH GP X 6 Units for dates of service 01/05/04, 01/07/04, 01/08/04, 01/09/04, 01/12/04, 01/13/04, 01/14/04, 01/15/04, 01/16/04 and 01/19/04 that were denied with reason codes "U/N—Documentation does not support 8 hours/day of work hardening sessions. No treatment sheets provided; and "O—Denial after reconsideration. Daily treatment sheets support 70 minutes per day only. Discrepancy between narrative discharge evaluation and daily form. Forms incomplete" ; and "O—Denial after reconsideration. Documentation does not support services billed. Participation in a multidisciplinary program is not supported. Dailey treatment incomplete and differ from discharge narrative." The Requestor's submitted documentation substantiates the services were rendered as billed. Per Rule 134.202(b) and (c)(1), reimbursement is recommended.
 - CPT code 97454 WH x 1 unit (\$64.00 x 80% = \$51.20 x 6 hrs = \$307.20 x 10 days = \$3,072.00)

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, §133.307

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 reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of **\$4,096.00** plus accrued interest, due within 30 days of receipt of this Order.

Decision & Order:

Debra Hausenfluck

06/14/07

Authorized Signature

Medical 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.