



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: Linh Vo, DC 505 N. Sam Houston Parkway, Suite 170 Houston, Texas 77060	MDR Tracking No.: M4-05-4899-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Aberdeen Insurance Company C/o Parker & Associates, LLC Rep Box # 01	Date of Injury:
	Employer's Name: Drywall Services, Inc.
	Insurance Carrier's No.: 01999C 0686204

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's Position Summary states in part, "...Denial base on insufficient documentation which were sent. Several dates of services were not included in the EOB response. Reconsiderations were sent to include all dates of services rendered. Also, payment made on some dates were reduced by 90 percent. Procedures were approved with peer review taken at time of pre-authorization. Evident as attached..."

- Principle Documentation:
1. DWC 60 package
 2. CMS 1500s
 3. EOB's
 4. Medical Records
 5. Preauthorization Approval Letter

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's Position Summary states in part, "...For the dates of service 05/25/04 through 07/16/04, the carrier denied reimbursement on the basis of N-insufficient documentation. The documentation provided by the health care provider is attached as Exhibit A. The documents submitted are minimal, do not supply the starting and stopping time of each activity and, generally, do not provide adequate documentation that the treatment rendered to the claimant qualified as a 'Return to Work Rehabilitation Program' as required by Commission Rule 134.202(e)(5) nor has the provider shown that the treatment provided met the Medicare requirements. Additionally, the provider has not shown that the program consisted of outcome-focused, coordinated, goal-oriented interdisciplinary team services that measured or improved the function of the claimant or decreased the claimant's dependence on the health care system. As a result, the carrier contends the provider has not carried the burden of proof to show that it is entitled to additional reimbursement."

- 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)
05/25/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00
06/01/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00
06/08/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00

06/09/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00
06/10/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00
06/14/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00
06/15/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00
06/16/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00
06/28/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00
06/29/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00
06/30/04	855-033/ N, 855-022	97799-CP (Chronic Pain Management Program) (7 units)	1-4	\$00.00
TOTAL DUE				\$00.00

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. This dispute relates to CPT code 97799-CP (chronic pain management) for dates of service 05/25/04 through 06/30/04, and were denied as “855-033—Use W/920-010 for supplemental payment or with 920-002 for no additional payment. 900 codes will print appropriate TWCC explanation code. \$0.00..Please resubmit documentation with the start and stop time for further reconsideration. 97799-time not documented” (1st Denial)” and “N, 855-022—Charge denied due to lack of sufficient documentation of services rendered \$0.00...Not appropriately documented \$0.00...97799, time not documented” (2nd Denial).
2. Per the Respondent’s preauthorization approval letter, authorization # 1242131, preauthorization was approved on 06/02/04 for pain management, five (5) times a week for four (4) weeks with a start date of 05/12/04 and an end date of 06/30/04.
3. Per §134.202(e)(5)(E)(i-ii) reimbursement for the Chronic Pain Management Program (CPM) shall be \$125.00 per hour for a CARF accredited program. A CARF accredited program for CPM is indicated by using the modifier – CA. The Requestor did not provide the CARF accredited modifier; therefore, the monetary value of the program will be 80% of the CARF accredited value.
4. Per §133.1(a)(3)(E)(i), documentation does not support the level of service billed. Specifically, the documentation does not indicate start time and stop time. Therefore it is the conclusion of the Division that 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
28 Texas Administrative Code Sec. §133.1(a)(3)(E)(i)

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 not entitled to reimbursement.

Ordered by:

Debra Hausenfluck

10/20/06

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.