



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Buena Vista Workskills 5445 La Sierra Drive, Suite 204 Dallas, Texas 75231	MFDR Tracking #: M4-05-5390-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TRANSPORTATION INSURANCE COMPANY REP BOX #: 47	Date of Injury:
	Employer Name: Fort Austin Limited Ptnsp. Summit
	Insurance Carrier #: 3C805306

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "...The Work Hardening Program does not require preauthorization...Dr. Douglas Burke referred...for the Work Hardening Program...Most of the dates of service were already paid except for the above DOS. The claims were resubmitted and were received by the insurance on 10/22/04 and 03/09/05 per delivery confirmation from the U.S. Post Office. As of today we have not received any payment or EOB. In summary, it is our position that CNA has established an unfair and unreasonable time frame in paying the services that were authorized and rendered..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. EOBs
4. Medical Records

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...Carrier appears to have reimbursed the Provider for most of the services in dispute. Carrier will supplement with payment screens and/or additional EOBs to demonstrate that reimbursement was made..."

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
03/29/04	D,999	97545 WH-CA x 1 Unit	1	\$ 128.00
04/08/04	Paid per EOB	97545 WH-CA x 1 Unit		\$ 128.00
04/12/04	No EOBs	97545 WH-CA x 1 Unit		\$ 128.00
04/13/04	No EOBs	97545 WH-CA x 1 Unit		\$ 128.00
03/29/04	D,999	97546 WH-CA x 5 Hours	2	\$ 320.00
04/08/04	Paid per EOB	97546 WH-CA x 5 Hours		\$ 320.00
04/12/04	No EOBs	97546 WH-CA x 5 Hours		\$ 320.00
04/13/04	No EOBs	97546 WH-CA x 5 Hours		\$ 320.00
Total Due:				\$1,792.00

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.

The Requestor submitted an updated Table of Disputed Services on 01/30/07 indicating the remaining dates of service in dispute are 03/29/04, 04/08/04, 04/12/04 and 04/13/04.

The Division contacted the Requestor on 04/18/07 to ascertain if the Respondent had paid additional reimbursement after submission of the updated Table of Disputed Services on 01/30/07. Per Requestor's representative, Clara Pou, as of this date, 04/18/07, no additional payments have been received from the Respondent regarding the disputed dates of service.

The Division contacted the Respondent on 05/03/07 to request copies of additional payment screens and/or check numbers to demonstrate reimbursement has been made for the disputed dates of service as indicated on their response to the Requestor's DWC 60.

The Division received a return call from Respondent's representative, Shelley Gatlin, on 05/03/07. Per Ms. Gatlin, she did not have any additional payment screen and/check numbers EOBs to submit other than for the dates of service that were previously withdrawn by the Requestor.

Per Rule 134.600(p)(4), a CARF accredited program does not require pre-authorization of services. The Requestor billed using modifier -CA indicating that this is a CARF accredited facility. In addition, per Rule 134.202 (5)(A)(i), the hourly reimbursement for a CARF accredited program shall be 100% of 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 or each session shall be billed and reimbursed as one unit.

1. This dispute is related to CPT code 97545 WH-CA x 1 Unit for dates of service 03/29/04, 04/08/04, 04/12/04 and 04/13/04. Date of service 03/29/04 was denied with reason codes "D—Duplicate Bill" and "999--\$448.00 of the charges are duplicates of bill #88888896-H-433607-0. It has a total allowance of \$448.00." An EOB was provided for date of service 04/08/04, indicating reimbursement was allowed. Neither the Requestor nor the Respondent submitted EOBs for dates of service 04/12/04 and 04/13/04. Per Rule 133.307(e)(2)(B), the Requestor submitted convincing evidence of the Respondent's receipt of their request for EOBs. Therefore, per Rule 133.307 (e)(2)(B) dates of service 04/08/04, 04/12/04 and 04/13/04 will be reviewed and reimbursed MAR according to the 2002 Medical Fee Guideline. The Requestor submitted documentation to support services rendered as billed. The Respondent did not submit documentation to support their denial reason, "D/999—Duplicate Bill" for date of service 3/29/04. Therefore, per Rule 134.202(c)(1), reimbursement is recommended.

* CPT code 97545 WH x 1 Unit (2 Hours) = \$102.40 x 4 Days = \$512.00

2. This dispute is related to CPT code 97546 WH-CA x 5 Hours for dates of service 03/29/04, 04/08/04, 04/12/04 and 04/13/04. Date of service 03/29/04 was denied with reason code "D/999—Duplicate Bill" and "999--\$448.00 of the charges are duplicates of bill #88888896-H-562013-0. It has a total allowance of \$448.00." Date of service 04/08/04 indicating reimbursement was allowed. Neither the Requestor nor the Respondent submitted EOBs for dates of service 04/12/04 and 04/13/04. Per Rule 133.307(e)(2)(B), the Requestor submitted convincing evidence of the Respondent's receipt of their request for EOBs. Therefore, per Rule 133.307 (e)(2)(B) dates of service 04/08/04, 04/12/04 and 04/13/04 will be reviewed and reimbursed MAR according to the 2002 Medical Fee Guideline. The Requestor submitted documentation to support services rendered as billed. The Respondent did not submit documentation to support their denial reason, "D/999—Duplicate Bill" for date of service 3/29/04. Therefore, per Rule 134.202(c)(1), reimbursement is recommended.

* CPT code 97545 WH x 5 Hours = \$320.00 x 4 Days = \$1,280.00

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202, §134.600, §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 **\$1,792.00** plus accrued interest, due within 30 days of receipt of this Order.

Ordered by :

05/29/07

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.