



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Southeast Health Services P.O. Box 170336 Dallas, TX 75217	MFDR Tracking #: M4-05-6749-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: JC Penny Corp Inc. Rep Box #: 19	Date of Injury:
	Employer Name: JC Penny Corp Inc.
	Insurance Carrier #: 149132650

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Claim was denied as "not preauthorized," please see attached preauthorization form shows this date of service was preauthorized."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondent Position Summary: "Carrier maintains its position as outlined in the original response. It appears that the services on 04/21/04 and 04/22/04 were denied because the hours work conditioning previously authorized had been exceeded by 04/21/04. Claimant has indicated in discussion with the adjuster that she attended 4 hours of work condition each day beginning 04/12/04 and 6 hours per day beginning 04/14/04. On 04/18/04 she attended an 8-hour session. From 04/19/04 she attended 6 hours session each day. The 40 hours of work condition approved on 04/02/04 had expired by 04/20/04. Subsequent work conditioning was not authorized until 04/26/04."

Principle Documentation:

1. Position Statement
2. DWC 60 package
3. Pre-authorization Approval
4. Explanation of Review

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
04/21/04 - 04/22/04	X973, Z123, Z344	97545-WC x 2 Unit	1	\$115.20
04/21/04 - 04/22/04	X973, Z123, Z344	97546-WC x 7 Units	2	\$201.60
Total Due:				\$316.80

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.

1. This dispute is related to CPT code 97545-WC x 2 Units for dates of service (dos) 04/21/04 – 04/22/04 that was denied with reason codes “X973 - Pre-authorization not obtained.” The Requestor submitted proof of pre-authorization for “10 sessions or 40 hours” of work conditioning, according to PA#01534740. Per Rule 134.202(e) (5) (A) (ii), “The hourly reimbursement for a non-CARF accredited program shall be 80% of the MAR. The first two hours or each session shall be billed and reimbursed as one unit.” Per Rule 134.202(e) (5) (B) (ii) states, Reimbursement shall be \$36.00 per hour.” Therefore, reimbursement is recommended in the amount of **\$115.20** (**\$36.00 per hour (MAR) x 80%=28.80 x 2 hours x 2 (dos 04/21/04 – 04/22/04) = \$115.20**)
2. This dispute is related to CPT code 97546-WC x 7 Units for dates of service 04/21/04 – 04/22/04 that was denied with reason codes “X973 - Pre-authorization not obtained.” The Requestor submitted proof of pre-authorization for “10 sessions or 40 hours” and the work conditioning program was completed within the time period approved, according to PA#01534740. Per Rule 134.202(e) (5) (A) (ii), “The hourly reimbursement for a non-CARF accredited program shall be 80% of the MAR. The first two hours or each session shall be billed and reimbursed as one unit.” Per Rule 134.202(e) (5) (B) (ii) states, Reimbursement shall be \$36.00 per hour.” Therefore, reimbursement is recommended in the amount of **\$201.60,**(**\$36.00 per hour (MAR) x 80%=28.80 (dos:04/21/04)- \$28.80 per hour (MAR) X 4 hours = \$115.20 + \$28.80 per hour (MAR) X 3 hours = \$86.40(dos:04/22/04) = \$201.60**)

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §133.307 (effective 12/31/06)
28 Texas Administrative Code Sec. §134.1, §134.202, §129.5, §180.23, §134.600

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 **\$316.80** plus accrued interest, due within 30 days of receipt of this Order.

Order:

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.