



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Jacob Rosenstein, M.D. 800 W. Arbrook Blvd. # 150 Arlington, Texas 76015	MFDR Tracking #: M4-05-8425-01
	DWC Claim #:
	Injured Employee:
Respondent Name: American Casualty Company Box #: 47	Date of Injury:
	Employer Name: Bolton Group Inc.
	Insurance Carrier #: 64627313

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: Per the Table of Disputed Services "this surgery was preauthorized by Concentra on 12-16-04 with # 1382629 by Pamela Potter and proof is attached for your review. (we requested bilateral lumbar facet injections and we billed the correct codes for this procedure.)"

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Copy of preauthorization

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Carrier contends this is a medical fee dispute involving lumbar facet injections. Carrier preauthorized bilateral lumbar steroid and anesthetic facet injections at L3/4, L4/5 & L5/S1 with a beginning date of 12/13/04 and ending date of 1/31/2005...The Requestor used the cpt code for the service performed, but the service performed was not the service that was preauthorized."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 76017 is located in Tarrant county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
01-13-05	A and O	64622-50	1 - 3	\$324.90
01-13-05	A and O	64623-50 (\$91.04 X 2 units)	1 - 3	\$182.08
01-13-05	A and O	76005	1 - 3	\$102.08
Total Due:				\$609.06

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. These services were denied by the Respondent with reason code "A" (Preauthorization required but not requested) and "O" (Denial after reconsideration).
2. The Requestor obtained preauthorization (authorization number 1382629) for CPT codes 64622-50 X 1, 64623-50 X 2 and 76005 for bilateral facet injections L3/4, L4/5 and L5/S1 prior to rendering the services.
3. Review of documentation submitted by the Requestor supports the services billed, therefore, reimbursement is recommended per Rules 134.202(c)(1) and 134.202(d) "reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge."

A Legal and Compliance referral is made due to the Respondent denying the services with an inappropriate denial reason.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1 and §134.202

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 \$609.06 plus accrued interest, due within 30 days of receipt of this Order dispute.

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.