



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: INJURY ONE TREATMENT CENTER 5445 LA SIERRA DR STE 204 DALLAS, TX 75231-3444	MFDR Tracking #: M4-05-9135-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: SORM REP BOX # : 45	Date of Injury:
	Employer Name: STATE OF TEXAS
	Insurance Carrier #: WC2212520

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "SORM INS. HAS REDUCED THIS PATIENT'S CLAIM. MS. DURRENCE WAS REFERRED TO OUR OFFICE BY HER TREATING PHYSICIAN. THE WORK HARDENING PROGRAM IS NOT REQUIRED TO BE PRE-AUTHORIZED. INJURY ONE TREATMENT CENTER IS A CARF ACCREDITED FACILITY. I APPRECIATE YOUR HELP IN RESOLVING THIS MATTER."

Principle Documentation:

1. DWC 60 package
2. Eob's
3. Carrier's copy of check payment
4. CMS 1500'S
5. Medical Documents

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "The Office will maintain denial of the charge in dispute as insufficiently documents for the number of hours billed."

Principle Documentation:

1. DWC 60 package
2. Eob

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
06/28/04	N75/CA, D19,W4,WH	97546-WH-CA	1	\$256.00
TOTAL DUE:				\$256.00

PART V: REVIEW SUMMARY, METHODOLOGY AND/OR 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 reimbursement guidelines.

1. The Requestor billed with CPT code 97546-WH-CA: for the date of service (dos) 06/28/07. The Respondent initially used denial code, "N75 – Not appropriate documented Documentation as submitted does not support the therapy modalities/procedures as billed." The Respondent used these denial codes after reconsideration, "CA-CARF accredited.", "D19-Claim/Service missing supporting documents.", "W4-No additional payment allowed after review." and "WH- Work Hardening." Per Rule 133.1(a)(3)(E)(i) states that a complete medical bill includes the following legible supporting documentation for...work hardening programs...to include a copy of progress notes and/or SOAP notes, which shall substantiate the care given an the need for further treatment(s) and/or service(s), and indicate progress, improvement, the date of the next treatment(s) and/or service(s), complications, and expected release dates. (effective July 15, 2000) The Requestor submitted relevant information to support documentation criteria of services rendered. Per rule 134.202(e)(5)(A)(i) the Requestor billed with the proper modifier – WH and the modifier - CA; therefore reimbursement, of a CARF accredited program shall be 100% of the MAR. Reimbursement is recommended in the amount of \$64.00 x 100%=\$64.00 (MAR) x 4 (additional hours) =\$256.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §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 the amount of \$256.00, plus accrued interest to the Requestor within 30 days of receipt of this Order.

Decision:

04/04/07

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.