



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Edward F. Wolski, M.D. / Wol+Med 2436 I-35 E. South Ste #336 Denton, TX 76205	MFDR Tracking #:	M4-05-9358-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: Employers Mutual Casualty Co Rep Box # : 19	Date of Injury:	
	Employer Name:	BAKER DRYWALL LTD
	Insurance Carrier #:	IW4A00059

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "We are CARF accredited. I have included the documentation to support this. We also billed our claims using the CA modifier, indicating we are CARF accredited."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Additional Documentation

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Carrier has reduced reimbursement based on information that this provider was not CARF accredited. Provider maintains that it is CARF accredited. Carrier is investigating this information and will act according to the applicable laws, rules and fee guidelines."

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
09/27/04	F, 320	97545-WH-CA, 1 unit	1, 2, 3	\$25.60
	N,225	97546-WH-CA, 6 hrs		\$384.00
09/28/04	F, 320	97545-WH-CA, 3 units		\$76.80
09/29/04		97546-WH-CA, 6hrs X 3 days		\$230.40
09/30/04				
Total Due:				\$716.80

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 relates to CPT codes 97545-WH-CA (Work Hardening), and CPT Code 97546-WH-CA (Work Hardening/each additional hour), denied with reason codes F (Fee Scheduled MAR Reduction), 320 (Non-Accredited Interdisciplinary Program. Payment reduced 20% below MAR or 20% below usual and customary), N (Not documented) and 225 (The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information).
2. Review of additional information provided by the Requestor indicates that the Requestor is a CARF accredited facility, and that additional hours (97546-WH-CA) were properly documented per Rule 133.307 (g)(3)(B) and 133.1 (a)(3)(E)(i).
3. Respondent made payment at the non-CARF accredited rate. Per Rule 134.202(e)(5)(C)(i-ii) additional reimbursement is recommended as follows:
 - 09/27/04 – 97545-WH-CA (\$128.00 – \$102.40 paid = \$25.60 recommended)
 - 09/27/04 – 97546-WH-CA (\$64/hr X 6 hrs = \$384.00 recommended)
 - 09/28/04 through 09/30/04 – 97545-WH-CA (\$128.00 X 3 units = \$384.00 – \$307.20 paid = \$76.80 recommended)
 - 09/28/04 through 09/30/04 – 97546-WHCA (\$64/hr X 18 hrs = \$1, 152.00 – \$921.60 paid = \$230.40 recommended)

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. §133.1, §133.307, §134.1, §134.202

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 \$716.80 plus accrued interest, due within 30 days of receipt of this Order.

Decision:

		4/5/07
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.