



## 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 #:	M4-05-9425-01
	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: "The carrier failed to respond to our request for reconsideration for dates of service 10/1/04 to 11/05/04. All of these dates of service were denied using PEC F, fee schedule. The EOBs then stated we were not CARF Accredited. This is incorrect. 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 Information

### PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Carrier has reviewed the additional documentation and maintains its position as outlined in the original response. Additionally, it would note that there is insufficient proof of timely delivery of a properly complete request for reconsideration."

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
10/01/04 through 11/05/04	F, 320	97545-WH-CA, 26 units	1-3	\$696.32
		97546-WH-CA, 6 hr x 24 days		\$1,935.36
		97546-WH-CA, 6.15 hr x 2 days		\$179.20
<b>Total Due:</b>				<b>\$2,810.88</b>

### 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 Code 97545-WH-CA (Work Hardening) and CPT Code 97546-WH-CA (Work Hardening/each additional hour), denied with reason code F (Fee schedule MAR reduction) and 320 (Non-Accredited interdisciplinary program. Payment reduced 20% below MAR or 20% below usual and customary. CARF status not reinstated)

2. The Requestor submitted convincing evidence of carrier receipt of "Request for Reconsideration" in accordance with 133.307(e)(2)(B).
3. Review of additional information provided by the Requestor indicates that the Requestor is a CARF accredited facility. Respondent made payment at the non-CARF accredited rate. Per Rule 134.202(e)(5)(C)(i-ii) additional reimbursement is recommended as follows:
  - CPT Code 97545-WH-CA \$696.32 ( $\$128.00 \times 26 \text{ units} = \$3,328.00 - \$2,631.68 \text{ paid} = \$696.32$ ) is recommended.
  - CPT Code 97546-WH-CA \$1,935.36 ( $\$64/\text{hr} \times 144 \text{ hrs} = \$9,216.00 - \$7,280.64 \text{ paid} = \$1,935.36$ ) is recommended
  - CPT Code 97546-WH-CA \$179.20 ( $\$64/\text{hr} \times 12.30 \text{ hrs} = \$810.00 - \$630.80 \text{ paid} = \$179.20$ ) is recommended.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

Texas Labor Code Sec. §413.011(a-d)  
 28 Texas Administrative Code Sec. §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 \$2,810.88 plus accrued interest, due within 30 days of receipt of this Order.

**Decision and Order:**

		4/24/07
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.**