



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Texas Health P.O. Box 600324 Dallas, TX 75360-0324	MDR Tracking No.: M4-05-9688-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Poly America, LP C/o Cunningham Lindsey US Inc. Rep Box # 11	Date of Injury:
	Employer's Name: Poly America LP
	Insurance Carrier's No.: 01059000014/045755400

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...CPT code 97799 was pre-authorized by two different utilization review companies. The insurance carrier claims the first utilization review company, Broadspire, was not authorized to review their cases for medical necessity. Neither Broadspire, who obviously had this patient's claim on file, nor the insurance carrier made us aware of this fact until the patient had already completed the first 10 sessions of Chronic Pain Management. The second utilization review company, Argus, authorized a second set of 10 days of Chronic Pain Management using all the documentation gathered from the first 10 days of the program. I have spoken with Nonie Lugo, the adjuster on this case, many times to try and resolve our dispute... Ms. Lugo also claims that the first ten days should not be paid... Her contention is that because the first 10 dates were pre-authorized by Broadspire, not Argus, they should not be paid..."

Principle Documentation:

1. Position Summary
2. HCFA-1500
3. Pre-Authorization notification

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

The Respondent did not submit a position summary.

Principle Documentation:

1. EOBs
2. Payment Screens

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
08/30/04 – 09/09/04	A	97799-CP – Chronic Pain Management	1	\$00.00
09/21/04 – 10/04/04	A, U	97799-CP – Chronic Pain Management	2	\$00.00
TOTAL DUE				\$00.00

### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled Medical Fee Guideline effective August 1, 2003, set out reimbursement guidelines.

1. CPT Code 97799-CP for dates of service 08/30/04 through 09/09/04 (10 days). The Requestor requested and received preauthorization for the Chronic Pain Management program through Broadspire on August 20, 2004. The Respondent did not pay for these date of service as Broadspire inappropriately approved preauthorization. The Requestor submitted a violation referral to the Division of Workers' Compensation – Compliance and Practices who reviewed the documentation

related to the violation and determined that Broadspire inappropriately approved preauthorization and that Poly-America denied the services appropriately due to no preauthorization by the valid preauthorization company. Therefore, reimbursement is not recommended.

2. CPT Code 97799-CP for dates of service 09/21/04 through 10/04/04 (5 days). The Requestor requested and received preauthorization for the Chronic Pain Management program through Argus Services Corporation for 10 days of Chronic Pain Management. Attenta of Texas is contracted by Poly-America to handle claims management, bill review and preauthorization services. On 01/26/06 the Respondent submitted EOBs and check payment summaries showing payment was made as follows: Check number 1430318 in the amount of \$3,000.00 for dates of service 09/21/04, 09/22/04 and 09/23/04; check number 1430319 in the amount of \$1,000.00 for date of service 09/24/04; and check number 1430320 in the amount of \$875.00 for date of service 10/04/04. Therefore, per Rule 134.202(b) reimbursement has been made and no further reimbursement is due.

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

28 Texas Administrative Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.201  
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 not** entitled to additional reimbursement.

Decision by:

Marguerite Foster

February 3, 2006

Authorized Signature

Typed Name

Date of Order

#### **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.**