Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address: Stephen Dudas, D.C. 2800 Forestwood #130 Arlington TX 76006	MDR Tracking No.: M4-05-9759-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Lumbermens Mutual Casualty Co. Rep Box #: 42	Date of Injury: Employer's Name: TECSTAR, LLC Insurance Carrier's No.: 4650164462

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: 1. TWCC-60
2. EOB's dated 3/22/05 and CMS-1500's dated 8/26/04
3. Documentation for services rendered

Position Summary: A specific summary position was not received with the dispute.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: 1. Respondent's response to MDR.

Position Summary: "The provider has failed to meet it's burden of proof to establish that its charges and the amount requested are "fair and reasonable," and comply with Section 413.011 (b) of the Texas labor Code and Commission rules. The Carrier's reimbursement complies with the requirement of section 413.011 (d) of the Texas Labor Code and Commission rules and is "fair and reasonable."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due
7/19/04-8/13/04	F (5) (893-008)	97546-WH-CA CARF Accredited Work-Hardening x 14 DOS	1.	$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.
(MDR = Medical Dispute Resolution, DOS = Date(s) of Service, EOB = Explanation of Benefits)

1. This dispute is related to lack of full reimbursement for work hardening/treatment/services provided from 7/19/04 thru 8/13/04.

- According to the 'Table of Disputed Services,' the CPT code in dispute is 97546-WH-CA (Work Hardening). The Requestor billed $390.00 per day for 6 units. The Respondent reimbursed $307.20 per day.

- Denial codes were "5- The procedure code/bill type is inconsistent with the place of service," and "893-008 –Reimbursement not recommended per decision of the TWCC Medical Review Division."

- Per Rule 134.202 (e)(5)(A), accreditation by the CARF is noted by use of modifier "CA" and the hourly reimbursement is 100% of the MAR. According to Rule 134.202 (e)(5)(C)(i) (ii), MAR, for work hardening billed with modifier "WH" and modifier "CA" for CARF accredited programs, is $64.00 per hour.

- The HCFA's presented for review were billed with CPT code '97546-WH-AP.' This did not match what the Requestor submitted on the 'Table of Disputed Services.' The Respondent reimbursed the Requestor for the treatment/services according to the billing by the Requestor. Also, according to Rule 133.307 (m)(4), these DOS have been previously adjudicated by the commission. No additional reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec.§ 413.011(a-d)
28 Texas Administrative Code Sec. §134.202 (e), 133.307 (m), MAR

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.

Ordered by:

		4 / 21 / 06
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.