



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: Behavioral Healthcare Associates 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-B300-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Pacific Employers Insurance Co. C/o ACE USA/ESIS Rep Box #: 15	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...The carrier has denied reimbursement for procedure 97799-CP. The rationale used by the carrier is "Lack of Preauthorization/service not authorized." We disagree with the carrier's rationale as the service in question was preauthorized by Intracorp utilization review and issued preauthorization number (PH08860A). Intracorp utilization review extended the original end date to 8/31/04. Per Amy at Intracorp, the adjuster had not been informed of the date extension via internal communication..."

- Principle Documentation:
1. DWC 60 package
 2. CMS 1500's
 3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...The Carrier previously submitted our response to the original DWC 60 back on 9/13/05. At this time we have no additional information to submit however attached you will find another copy of our original response for your records. We maintain our position that the Preauthorization had been extended to 6/24/04 not 8/31/04 and therefore the Requestor did not have proper authorization in order to continue this service beyond 6/24/04. We maintain that no further reimbursement is indicated..."

- Principle Documentation: 1. Response to DWC 60

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)
08/11/04, 08/12/04, 08/23/04, 08/24/04, 08/27/04, 08/30/04, 08/31/04, 09/01/04	A	97799-CP	1, 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 Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

1. This dispute relates to procedures 97799-CP (Chronic Pain Management) and was denied as "A – This procedure/supply must be preauthorized in accordance with TWCC Rule 134.600." Per Rule 133.307(e)(2)(B) the Requestor submitted convincing evidence a request for reconsideration was made on July 7, 2005

2. CPT Code 97799-CP. The Requestor received preauthorization for the chronic pain program with a start date of 03/01/2004 and an end date of 03/19/2004. According to the Requestor they obtained an extension with an end date of 8/31/2004; however, there was no convincing evidence of this extension submitted with the request for medical dispute resolution. The Respondent has submitted a copy of the Omni screen note that documents that an extension was granted in May 2004 and that the end date was 06/24/2004. Therefore, per Rule 134.600 reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.600, 133.307

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 reimbursement.

Decision by:

Marguerite Foster

October 16, 2006

Authorized Signature

Typed Name

Date of Decision

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.