



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address: Summit Rehabilitation Centers 2420 E. Randol Mill Road Arlington, Texas 76011	MFDR Tracking #: M4-07-0031-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TEXAS CONSTRUCTION TRUST  REP BOX #: 42	Date of Injury:
	Employer Name: Brazos Masonry, Inc.
	Insurance Carrier #: 485452

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

Requestor's Position Summary: "...DOS 1/5/06, 2/6/06, 2/14/06 through 6/6/06: The carrier has not responded to our regular billing, no EOBs to understand their position...DOS 1/11/06 through 2/13/06: The work conditioning program was **preauthorized**, included please find authorization letters..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. Medical Records
4. Preauthorization Approval Letter dated 01/09/06

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

Respondent's Position Summary: The Respondent did not provide a position summary in their response to this Request for Medical Fee Dispute Resolution.

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
01/05/06-04/26/06	No EOBs/No EOBs	99213 x 5 Days	1 & 7	\$ 333.24
01/06/06-06/06/06	No EOBs/No EOBs	99080-73 x 5 Days	2 & 7	\$ 75.00
01/11/06-02/13/06	No EOBs/No EOBs	97545-WH x 1 unit x 20 Days	3 & 7	\$2,048.00
01/11/06-02/13/06	No EOBs/No EOBs	97546-WH x 4 hours x 6 Days 97546-WH x 5 hours x 9 Days 97546-WH x 6 hours x 5 Days	4 & 7	\$5,068.00
02/14/06&03/16/06	No EOBs/No EOBs	96004 x 2 Days	5 & 7	\$ 310.22
02/14/06 03/16/06	No EOBs/No EOBs	97750-FC x 8 units 97750-FC x 12 units	6 & 7	\$ 756.60
<b>Total Due:</b>				<b>\$8,591.06</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.

On 05/09/07, the Division contacted the requestor's rep, Juan Fernandez, to ascertain if any additional payment had been made by the Respondent on disputed dates of service. Per Juan Fernandez, the Respondent has not made any additional payment on the disputed dates of service.

Preauthorization approval #5250-131849 was given on 01/09/06 for a Work Hardening Program, x 4 Weeks, with a start date of 01/09/06 and an end date of 02/17/06.

Rule 134.600(c)(i)(B), states, "...The carrier is liable for all reasonable and necessary medical costs relating to the health care...listed in subsection (p) or (q) of this section only when the following situations occur...preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..."

Per Rule 134.202(e)(5)(A)(ii), A Non-CARF accredited program shall be reimbursed at 80% of the MAR. Per Rule 134.202(5)(c)(i), the first two hours or each session shall be billed and reimbursed as one unit. Per Rule 134.202(e)(5)(A)(ii), "Reimbursement shall be \$64.00 per hour."

Per Rule 134.202(d), "reimbursement shall be the least of the (1) MAR amount as established by this Rule or, (2) the health care provider's usual and customary charge." Therefore, per Rule 134.202(d), reimbursement is recommended.

1. This dispute is related to CPT code 99213 for dates of service 01/05/06, 02/20/06, 03/09/06, 03/23/06 and 04/26/06. Neither the Requestor nor the Respondent submitted EOBs for review, therefore, per Rule 133.307(e)(2)(B), the disputed dates of service will be reviewed and reimbursed MAR according to the 2002 Medical Fee Guideline. Per Rule 134.202(d) reimbursement is recommended.
  - CPT code 99213: \$333.24
2. This dispute is related to CPT code 99080-73 for dates of service 01/06/06, 02/06/06, 03/06/06, 04/06/06 and 06/06/06. Neither the Requestor nor the Respondent submitted EOBs for review, therefore, per Rule 133.307(e)(2)(B), the disputed dates of service will be reviewed and reimbursed MAR according to the 2002 Medical Fee Guideline. Per Rule 129.5(i), reimbursement is recommended.
  - CPT code 99080-73: \$75.00
3. This dispute is related to CPT code 97545-WH x 1 unit for dates of service 01/11/06, 01/12/06, 01/13/06, 01/16/06, 01/18/06, 01/19/06, 01/20/06, 01/23/06, 01/24/06, 01/25/06, 01/26/06, 01/27/06, 01/30/06, 01/31/06, 02/01/06, 02/02/06, 02/03/06, 02/08/06, 02/09/06 and 02/13/06. Neither the Requestor nor the Respondent submitted EOB's, therefore, per Rule 133.307(e)(2)(B). The Requestor did submit convincing evidence of carrier receipt for "Request for Reconsideration" in accordance with 133.307(e)(2)(B), therefore, the disputed dates of service will be reviewed and reimbursed MAR according to the 2002 Medical Fee Guideline. Per Rule 134.202(e)(5)(C)(i) reimbursement is recommended.
  - CPT code 97545-WH: \$2,048.00
4. This dispute is related to CPT code 97546-WH x 4 hours for dates of service 01/11/06, 01/12/06, 01/13/06, 01/16/06, 01/18/06, 01/19/06, 01/20/06, 01/23/06, 01/24/06, 01/25/06, 01/26/06, 01/27/06, 01/30/06, 01/31/06, 02/01/06, 02/02/06 and 02/03/06, 02/08/06, 02/09/06 and 02/13/06. Neither the Requestor nor the Respondent submitted EOB's, therefore, per Rule 133.307(e)(2)(B). The Requestor did submit convincing evidence of carrier receipt for "Request for Reconsideration" in accordance with 133.307(e)(2)(B). Therefore, the disputed dates of service will be reviewed and reimbursed MAR according to the 2002 Medical Fee Guideline. Per Rule 134.202(d)(5)(c)(ii) reimbursement is recommended.
  - CPT code 97546-WH: \$5,068.00

5. This dispute is related to CPT code 96004 for dates of service 02/14/06 and 03/16/06. Neither the Requestor nor the Respondent submitted EOBs for review, therefore, per Rule 133.307(e)(2)(B), the disputed dates of service will be reviewed and reimbursed MAR according to the 2002 Medical Fee Guideline. Per Rule 134.202(b) and (c)(1), reimbursement is recommended.

- CPT code 96004: \$310.22

6. This dispute is related to CPT code 97750-FC x 8 units for date of service 02/14/06 and 97799-FC x 12 units for 03/16/06. Neither the Requestor nor the Respondent submitted EOBs for review, therefore, per Rule 133.307(e)(2)(B), the disputed dates of service will be reviewed and reimbursed MAR according to the 2002 Medical Fee Guideline. Per Rule 134.202(b) and (c)(1), reimbursement is recommended.

- CPT code 97750-FC: \$756.60

7. A referral was made to Legal and Compliance against the Respondent for violation of Rule 134.600(c)(1)(B).

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

Texas Labor Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.1, §134.202, §134.600, §133.307, §129.5

**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 entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of **\$8,591.06** plus accrued interest, due within 30 days of receipt of this Order.

Decision :

06/15/07

Signature

Medical Fee Dispute Resolution Officer

Date

**Order:**

Marguerite Foster

06/15/07

Authorized Signature

Team Lead

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.**