



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: Rehab 2112 P. O. Box 671342 Dallas, TX 75267-1342	MDR Tracking No.: M4-07-0445-01 Previous Tracking No.: M5-07-0001-01 Previous Tracking No.: M4-03-A439-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: TEXAS MUTUAL INSURANCE CO Box 54	Date of Injury:
	Employer's Name: BONNO ELECTRIC INC
	Insurance Carrier's No.: 99C0000315669

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The position summary states, "Since Rehab 2112 bills at the MARs, the denial code 'F' is not appropriate, as there is no deduction of the billed services due to Rehab 2112's CARF accreditation. The carrier denied the bills at 100% using the 'F' denial code."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. CMS-1500's
3. EOB's

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The position summary submitted by Texas Mutual does not address the disputed issues.

Principle Documentation:

1. DWC-60 Response

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)
8-28-02 – 9-17-02	F, YF, O, YO	97545-WH-AP (\$128.00 x 12 days)	1, 4	\$1,536.00
8-28-02 – 9-17-02	F, YF, O, YO	97546-WH-AP (\$64.00 hr. x 52 units)	1, 4	\$3,328.00
TOTAL DUE				\$4,864.00

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

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule §134.201 titled (Medical Fee Guideline For Medical Treatments and Services Provided Under the Texas Worker's Compensation Act) effective April 1, 1996, sets out reimbursement guidelines.

1. These services were denied by the Respondent with reason code “F-YF-Reduced or denied in accordance with the appropriate Fee Guideline Ground Rule and/or maximum allowable reimbursement (MAR),” and “O-YO-Reimbursement was reduced or denied after reconsideration of treatment/service billed.”
2. Per Medicine Ground Rule II. E. 5 for the 1996 Medical Fee Guidelines reimbursement shall be \$64.00 per hour for CARF accredited programs. Requestor was CARF accredited through April of 2003.
3. Per Advisory 2003-22, Requestors who are CARF accredited do not require preauthorization for work hardening programs.
4. Reimbursement is as follows CPT code 97545-WH-AP (\$128.00 x 12 days) = \$1,536.00, CPT code 97546-WH-AP - (\$64.00 hr. x 52 units) = \$3,328.00.
5. Date of service 97550 was withdrawn by the Requestor in an e-mail dated 4-5-07.

A referral to Legal and Compliance has been made against the Respondent will be made for improper payment per Rule 134.202(e)(5)(C)(ii) .

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d) and 413.031
 28 Texas Administrative Code Sec. 134.1, 133.307. 133.308
 Medicine Ground Rules for the 1996 Medical Fee Guidelines
 Advisory 2003-22

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 \$4,864.00 plus accrued interest, due within 30 days of receipt of this Order.

Decision:

Donna D. Auby

4-16-07

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.