



## 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: Allied Behavioral Health Care P.O. Box 257 Ferris, TX 75125	MDR Tracking No.: M4-07-1039-01
	PRV Tracking No.: M4-06-3029-01
	Claim No.:
Respondent's Name: Employers Mutual Casualty, Box 19	Injured Employee's Name:
	Date of Injury:
	Employer's Name: Charter School Admin Services
	Insurance Carrier's No.: EW3003667

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

Requestor's Position Summary states in part, "Dates of Service in question were pre-authorized".

Principle Documentation:

1. DWC 60 package
2. CMS 1500's
3. EOBs
4. Pre-Authorization Letters

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

Respondent's Position Summary states in part, "the condition for which Claimant is being treated is not related to the compensable injury of \_\_\_".

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)
5/23/05, 5/24/05, 6/1/05, 6/2/05, 6/3/05, 7/6/05, 7/7/05, 7/8/05	62	97799-CP x 8 days	1,2,3	\$6000.00
<b>TOTAL DUE</b>				<b>\$6000.00</b>

### 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. Per CCH Decision dated 6/26/06 (Docket No. DA03284960-03-CC-DA42) "the compensable injury of \_\_\_, extends to and includes the right shoulder after March 5, 2004". Per Requestor's CMS-1500, DX code 840.9 and 726.1 are related to the compensable injury.
2. This dispute relates to procedure 97799-CP (Chronic Pain Management) and was denied as "62 Payment denied/reduced for absence of, or exceeded, Pre-Certification/Authorization".

3. Per Rule 134.600(p)(10) the Requestor submitted approved pre-authorization letters dated 5/5/05 (pre-authorization #564606) and 5/26/05 (pre-authorization #565827), approving 20 sessions of chronic pain management. Per Rule 134.202(e)(5)(A)(ii) and (E)(i-ii) requestor is not CARF accredited; therefore, reimbursement would be at 80% of the CARF amount.

- \$1500.00 (\$100.00 x 15 hours x 2 days) is recommended.
- \$500.00 (\$100.00 x 5 hours x 1 day) is recommended.
- 4000.00 (\$100.00 x 40 hours x 5 days) is recommended.
- Total amount recommended is \$6000.00

**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. §134.202  
 28 Texas Administrative Code Sec. §134.600

**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 additional reimbursement in the amount of **\$6000.00**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

<b>Decision by:</b>		
	Scott Hansen, Medical Fee Dispute Resolution Officer	04/02/2007
Signature	Typed Name	Date of Order
<b>Ordered by:</b>		
	Margaret Ojeda, Manager	04/02/2007
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.**