



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:

Forward Health Solutions
 P.O. Box 443
 Burleson, TX 76097

MDR Tracking
 No.: M4-07-1040-01
 Previous Tracking
 No.: M4-05-0507-01

Claim No.:

Injured
 Employee's
 Name:

Respondent's Name:

American Home Assurance Company, Box 19

Date of Injury:

Employer's
 Name: Sunmart Inc

Insurance
 Carrier's No.: 149119036

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 carrier is disputing whether the current condition is related to the compensable injury".

- 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)
1/14/04, 1/15/04, 1/16/04, 1/19/04, 1/20/04, 1/21/04, 1/22/04, 1/23/04, 1/26/04, 1/27/04, 1/28/04, 1/29/04, 2/09/04, 2/10/04, 2/11/04, 2/12/04	E, 2, V	97799-CP x 16 days	1,2,4,5	\$12,800.00
2/02/04, 2/03/04, 2/04/04	N	97799-CP x 3 days	3	0
TOTAL DUE				\$12,800.00

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. CPT code 97799-CP (Chronic Pain Management- CPM), was denied as "E-Unrelated to the compensable injury" for dates of service (DOS) 1/14/04-1/26/04. A Contested Case Hearing was held on 10/22/02. It was determined by the Division, for Claimant, that the Claimant's injury of ___ extends to and includes an injury to the cervical spine. On 2/06/03, the Appeals Panel affirmed the Contested Case Hearing Officer's Decision and Order that the Claimant met her burden of proof to show that her compensable injury extends to, and/or includes, her cervical spine. According to the CMS-1500's, the treatment rendered, per diagnosis codes used, were as follows: 722.10 - Displacement Lumbar Disc Without Myelopath , 847.0 - Neck Sprain Or Strain and 845.0 - Ankle Sprain Or Strain. The services provided were for compensable conditions.

2. CPT code 97799-CP (Chronic Pain Management) was denied as “2- Pre-Authorization not obtained” for DOS 1/27/04-1/29/04. Per Rule 134.600(p)(10) the Requestor submitted a pre-authorization request for (10) sessions of Chronic Pain Management dated 1/08/04, and an approved pre-authorization #014558401 for (80) hours of Chronic Pain Management with a begin date of 1/14/04, and an expiration date of 3/15/04. The Requestor submitted a pre-authorization request for an additional (10) sessions of Chronic Pain Management and an approved pre-authorization #014558402 for an additional (80) hours of Chronic Pain Management with a begin date of 1/30/04, and an expiration date of 3/29/04.

3. CPT code 97799-CP Chronic Pain Management was denied as “N- Documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge” for DOS 2/02/04-2/04/04. The Requestor failed to submit proper documentation (Progress Notes) for these dates of service, therefore, no reimbursement recommended.

4. CPT code 97799-CP Chronic Pain Management was denied as “V- Unnecessary medical treatment and or service per peer review documentation attached” for DOS 2/09/04-2/12/04. Per Rule 134.600(h)(10) the Requestor submitted a pre-authorization request for (10) sessions of Chronic Pain Management dated 1/08/04, and an approved pre-authorization #14558401, for (80) hours of Chronic Pain Management with a begin date of 1/14/04, and an expiration date of 3/15/04. The Requestor submitted a pre-authorization request for an additional (10) sessions of Chronic Pain Management and an approved pre-authorization #014558402 for an additional (80) hours of Chronic Pain Management with a begin date of 1/30/04, and an expiration date of 3/29/04. Therefore, the Respondent’s denial is inappropriate per Rule 133.301(a).

5. 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. Reimbursement in the amount of \$12,800.00 (\$100.00 x 80 hours x 16 days) is 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. §134.202
 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 **\$12,800.00**. 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.

Findings and Decision by:

	Scott Hansen	12/05/06
	Medical Dispute Resolution Officer	
Ordered by:	Amy Rich, Director	12/05/06
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.