



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Dr. Suhail Al-Sahli 1210-A NASA Road 1 Houston, Texas 77058	MFDR Tracking #: M4-07-1716-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: BANKERS STANDARD INSURANCE CO. REP BOX #: 15	Date of Injury:
	Employer Name: United Electrical & Instrument
	Insurance Carrier #: 006430000898360

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Facility is CARF accredited and registered."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. EOBs
4. Proof of CARF Accreditation

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 the DWC 60.

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
06/22/06	62, W1	97750-FC x 16 units	1	\$ 612.00
07/24/06-08/25/06	62, W1, B6	97545WH-CA x 1 unit x 24 Days	2 & 4	\$3,072.00
07/24/06-08/25/06	62, W1, B6	97546WH-CA x 6 hours x 24 Days	3 & 4	\$9,216.00
Total Due:				\$12,900.00

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.

Per Rule 134.600(p)(4), a CARF accredited program does not require pre-authorization of services. The Requestor billed using modifier -CA indicating they are a CARF accredited facility. Additionally, the Requestor submitted proof that their facility was CARF accredited for the disputed dates of service. Per Rule 134.202 (5)(A)(i), the hourly reimbursement for a CARF accredited program shall be 100% of MAR. Rule 134.202(e)(5)(C)(ii) states, "Reimbursement shall be \$64.00."

1. This dispute is related to CPT code 97750-FC x 16 units for date of service 06/22/06 denied was reason codes, “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization”; and “W1—Workers compensation state fee schedule adjustment.” Per Rule 134.600, CPT code 97750-FC does not require preauthorization. Therefore, this is an inappropriate denial reason by the Respondent. Per Rule 134.202(d)(2) and (c)(1), reimbursement in the amount of \$612.00 ($\$30.60 \times 125\% = \38.25×16 units) is recommended.
2. This dispute is related to CPT code 97545 WH-CA x 1 unit for dates of service 07/24/06, 07/25/06, 07/26/06, 07/27/06, 07/28/06, 07/31/06, 08/01/06, 08/02/06, 08/03/06, 08/04/06, 08/07/06, 08/08/06, 08/09/06, 08/10/06, 08/14/06, 08/15/06, 08/16/06, 08/17/06, 08/18/06, 08/21/06, 08/22/06, 08/23/06, 08/24/06 and 08/25/06 denied with reason codes, “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization”; “W1—Workers compensation state fee schedule adjustment”; and “B6—This payment is adjusted when performed/billed by this type of provider, by this type of provider [sic], in this type of facility, or by a provider of this specialty.” Per Rule 134.600, CPT code 97545 WH-CA does not require preauthorization. Therefore, denial reason code “62” is an inappropriate denial reason by the Respondent. According to the ANSI code description, denial reason code “B6” is an inactive denial reason code effective 02/01/06, therefore, this is also an inappropriate denial reason code by the Respondent. Per Rule 134.202(e)(5)(C)(ii), the first two hours of each session shall be billed and reimbursed as one unit. Per Rule 134.202 (e)(5)(C)(ii) reimbursement shall be \$64.00 per hour.

* CPT code 97545-WH-CA x 1 unit x 24 Days = \$3,072.00

3. This dispute is related to CPT code 97546 WH-CA x 6 hours for dates of service 07/24/06, 07/25/06, 07/26/06, 07/27/06, 07/28/06, 07/31/06, 08/01/06, 08/02/06, 08/03/06, 08/04/06, 08/07/06, 08/08/06, 08/09/06, 08/10/06, 08/14/06, 08/15/06, 08/16/06, 08/17/06, 08/18/06, 08/21/06, 08/22/06, 08/23/06, 08/24/06 and 08/25/06 denied with reason codes, “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization”; “W1—Workers compensation state fee schedule adjustment”; and “B6—This payment is adjusted when performed/billed by this type of provider, by this type of provider [sic], in this type of facility, or by a provider of this specialty.” Per Rule 134.600, CPT code 97545 WH-CA does not require preauthorization. Therefore, denial reason code “62” is an inappropriate denial reason by the Respondent. According to the ANSI code description, denial reason code “B6” is an inactive denial reason code effective 02/01/06, therefore, this is also an inappropriate denial reason code by the Respondent. Therefore, this is an inappropriate denial reason by the Respondent. Per Rule 134.202 (e)(5)(C)(ii), reimbursement shall be \$64.00 per hour.

* CPT code 97546 WH-CA x 6 hours x 24 Days = \$9,216.00

4. A referral has been made to Legal and Compliance against the Respondent for violation of Rule 134.600 (a)(4).

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

PART VII: DIVISION DECISION AND/OR 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 **\$12,900.00** plus accrued interest, due within 30 days of receipt of this Order.
 Order:

		05/29/07
Authorized Signature	Director	
Decision:		05/29/07
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.