



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Southeast Health Services P O BOX 453062 Garland, Texas 75045-3062	MFDR Tracking #:	M4-07-1994-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: Dallas ISD Rep Box # 42	Date of Injury:	
	Employer Name:	Dallas ISD
	Insurance Carrier #:	2006036615

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: Per the Table of Disputed Services "This treatment was denied as "not preauthorized," however, according to rule 134.600(p)(5)(C), the first six visits of occupational therapy after the patient's date of injury do not require preauthorization. Please reprocess this date of service for payment based on this information..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Copy of preauthorization

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "No allowance is recommended for codes 97032 and 97016 billed on 02/24/06. Both codes are being billed for the one Matrix procedure. These are not the correct procedure codes for a Matrix...No allowance is recommended for code 97035 (ultrasound) billed on 02/24/06, the medical records indicate treatment was for five minutes. Per Medicare Newsletter on 03-31 there is no reimbursement for treatment less than eight minutes. No allowance is recommended for code 97039 (cold laser) billed on 02/24/06. The efficacy of this treatment has not been established...Per DWC Rule 134.600 physical therapy treatments prior to May 2, 2006 is required to be authorized after the first two visits. Our records indicate physical therapy was provided on February 23 and 24th. Authorization for additional physical therapy was not given until March 8, 2006."

Principle Documentation: 1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
02-24-06	W4 & 62A	97032	1 - 4	\$19.58
02-24-06	W4 & 62A	97016	1 - 4	\$17.34
02-24-06	W4 & 62A	97039	1, 2, 3 & 5	Reimbursement per Rule 134.202(c) (6)
02-24-06	W4 & 62A	97035	1, 2, 3 & 6	\$00.00
Total Due:				\$36.92 and reimbursement per Rule 134.202(c) (6)

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.

The Requestor submitted an updated Table of Disputed Services on 05-31-07 which is used for the review by Medical Fee Dispute Resolution. In addition, on 06-06-07 the Requestor withdrew dates of service 03-01-06 and 03-06-06 leaving date of service 02-24-06 in dispute.

1. These services were denied by the Respondent with reason codes “62A” (Payment denied/reduced for absence of, or exceeded, pre-certification/authorization) and “W4” (No additional reimbursement allowed after review of appeal/reconsideration).
2. Rule 134.600(h)(15)(B)(Emergency Rule effective 11-03-05) states in part “preauthorization is not required for the first two visits of physical or occupational therapy following the evaluation when such treatment is rendered within the first two weeks immediately following: (i) the date of injury, or ...” The Requestor was contacted and verification made that physical therapy was provided on 02-23-06 and 02-24-06 (first two visits) following the injury date; therefore, preauthorization was not required and this is an inappropriate denial by the Respondent.
3. Per review of Box 32 on CMS-1500 zip code 75217 is located in Dallas County.
4. 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.” Reimbursement is recommended in the following amounts:

CPT code 97032 - \$19.58
CPT code 97016 - \$17.34
5. Reimbursement for CPT code 97039 is recommended per Subsection 134.202(c)(6) of the MFG which requires carriers to “assign a relative value, which may be based on nationally recognized published relative value studies, published (DWC) medical dispute decisions, and values assigned for services involving similar work and resource commitments.” An amount assigned by the carrier that is consistent with the requirements of this rule is the MAR.
6. Review of documentation submitted by the Requestor revealed that the service provided was for a 5 minute increment. Per Rule 134.202(b) for less than 15 minutes provided modifier 52 should be appended to the CPT code. The Requestor did not bill with the appropriate modifier; therefore, no reimbursement is recommended.

A Legal and Compliance referral is made due to the Respondent using an improper denial as referenced in number two (2) above.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202 and §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 reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$36.92 plus reimbursement per Rule 134.202(c)(6) plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

06-21-07

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.