



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: Integra Specialty Group, P.A. 517 North Carrier Parkway, Suite G Grand Prairie, TX 75050	MDR Tracking No.: M4-07-2063-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Royal Insurance Co. Of America Rep Box # 11	Date of Injury:
	Employer's Name: AEP Industries Inc.
	Insurance Carrier's No.: 290061199100

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...Pre-Authorized - # 5250-186128..."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent did not submit a response.

Principle Documentation: 1. N/A

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)
08/28/06	50, N	97799-CP	1	\$800.00
08/29/06	50, N	97799-CP	2	\$800.00
TOTAL DUE				\$1600.00

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 for date of service 08/28/06 was denied with "50-Medical Necessity", "N- Not documented". The Requestor obtained preauthorization # 5250-186128 for 10 sessions of Chronic Pain Management Program for dates 08/28-08/29/06. Rule 134.202 (e) 5 (E) (ii) states that reimbursement shall be \$125.00 per hour. The program was documented in the SOAP notes for 8 hours. Therefore reimbursement in the amount of \$800.00 is recommended.
2. CPT Code 97799-CP for date of service 08/29/06 was denied with "50-Medical Necessity", "N- Not documented". The Requestor obtained preauthorization # 5250-186128 for 10 sessions of Chronic Pain Management Program for dates 08/28-08/29/06. Rule 134.202 (e) 5 (E) (ii) states that reimbursement shall be \$125.00 per hour. The program was documented in the SOAP notes for 8 hours. Therefore reimbursement in the amount of \$800.00 is recommended.

A violation referral has been submitted to Legal & Compliance for violation of Rule 134.600 (c) (1) (B)

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. 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 (c) (1) (B)

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 **\$1,600.00**. 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.

Ordered by:

03/13/2007

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.