



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: _____	MFDR Tracking #: M4-07-2396-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE CO Box 54	Date of Injury:
	Employer Name: TEXAS HOT SHOT CO INC
	Insurance Carrier #: 99B0000294192

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary (Table of Disputed Services): "Insurance company is denying our claim stating unnecessary medial treatment. They can not deny for this reason when we have obtained pre-authorization."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Under subsection (h) of 134.600 is the list of services requiring preauthorization. MAC is not one of those. As such, Texas Mutual's UR agent, Concentra, did not review the prospective medical necessity for MAC because the utilization review findings, as determined in accordance with DWC's Adopted Amendment to Rule 134.600, preclude this."

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
4-13-06	244, 50, W4, 891	01992-QZ	1, 2	\$298.43
Total Due:				\$298.43

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.

- 1) The Respondent denied these services as “50-Medical necessity has not been substantiated for the use of general or monitored anesthesia care (MAC) anesthesia related to the injection procedure. These are non-covered services because this is not deemed a ‘medical necessity’ by the payer,” “244-unnecessary medical,” “891-The insurance company is reducing or denying payment after reconsideration,” and “W4-No additional reimbursement allowed after review of appeal/reconsideration.”
- 2) Per Rule 134.600 (h), the Requestor provided a copy of a preauthorization letter dated 3-30-06 (#1644251) for “Left lumbar sympathetic block, IV sedation, fluoroscopy.” The Respondent denied the IV sedation for unnecessary medical treatment. Per Rule 134.600 (c)(1)(B) “The carrier is liable for all reasonable and necessary medical costs relating to the health care that was approved prior to providing the health care.”

Per Rule 134. 202(c)(1):
 Time units = 20 min divided by 15 – 1.3
 Base units for CPT code 01992 = 5 units
 Total Units = 6.3 units
 6.3 units x \$47.37 conversion factor = \$298.43

A Legal and Compliance referral has been made for inappropriate denial of the preauthorized service per Rule 134.600(c)(1)(B).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. 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 \$298.43 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

Donna D. Auby

5-29-07

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.