



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Positive Pain Management 2301 Forest Lane Suite 400 Garland, Texas 75042	MFDR Tracking #:	M4-07-2963-01 (current MDR #) M5-05-0499-01 (former MDR #) M4-05-3118-01 (former MDR #)
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: American Casualty Company Rep Box # 47	Date of Injury:	
	Employer Name:	CURA Group Inc.
	Insurance Carrier #:	706 501055

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "The carrier is in violation of TWCC 133.301(a), which clearly states the carrier may not retrospective review the medical necessity of a medical bill for treatment(s) and/or services(s) for which the health care provider has obtained preauthorization and TWCC 134.600(a), states that the carrier is liable for the reasonable and necessary medical costs relating to treatments/services which require preauthorization if the carrier gave preauthorization prior to the services being rendered."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "This is a medical necessity dispute that arises from treatment the claimant received from the Requestor between 1/7/04 through 6/29/04. The requestor asserts that it is entitled to reimbursement in the amount of \$4,344.75. According to the peer review of 12/10/03 there is no recommendation for further treatment. The treatment is not reasonable and necessary and related to the injury of _____. The utilization review dated 1/3/04 clearly indicates there are unresolved issues on this claim..."

Principle Documentation: 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
01-07-04 to 03-16-04 (except for DOS 3-2-04)	V/283	97799-CP-CA \$125.00 per hr x 8 hours = \$1,000.00 x 26 DOS = \$26,000.00 \$125.00 per hour x 7 hours = \$875.00 x 1 DOS = \$875.00 \$125.00 per hour x 7.25 hours = \$906.25 x 1 DOS = \$906.25 \$125.00 per hour x 7.75 hours = \$968.75 x 1 DOS = \$968.75	1 - 5	\$28,750.00
03-02-04	V/283	97799-CP-CA	1 - 4 & 6	\$875.00
Total Due:				\$29,625.00

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.

1. The Respondent accepted an injury to the low back, however, disputes any and all other diagnosis or extent of injury to include depression, anxiety, bipolar disease, passive aggression as not related to the compensable injury, not suffered in the scope of employment and not in any other way compensable. On 01-08-07 the Requestor withdrew CPT codes 90806 and 90901 billed for dates of service 04-26-04 through 06-29-04. Services remaining in dispute were billed with diagnosis 722.10 (lumbar disc displacement).
2. These services were denied by the Respondent with reason code “V/283” (Unnecessary treatment (w/peer review) and (Based on a peer review, payment is denied because the treatment(s)/service(s) is medically unreasonable/unnecessary).
3. The Requestor obtained preauthorization (UR Review # 122904) on 01-06-04 authorizing fifteen (15) sessions of chronic pain management program planned or recommended for DOS 01/06/04 – 01/30/04 and preauthorization (UR Review # 124375) on 01-31-04 authorizing 15 additional sessions of pain management program planned or recommended for DOS 02/02/04 – 02/20/04. The Respondent is in violation of Rule 133.301(a) which states in part “the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134 of this title...”
4. Per review of Box 32 on CMS 1500 zip code 79903 is located in El Paso County, Texas.
5. Reimbursement is recommended per Rule 134.202(e)(5)(E)(i) and (ii) in the following amounts:

\$125.00 per hour x 8 hour session	= \$1,000 x 26 DOS	=	\$26,000.00
\$125.00 per hour x 7 hour session	= \$875.00 x 1 DOS	=	\$875.00
\$125.00 per hour x 7.25 hour session	= \$906.25 x 1 DOS	=	\$906.25
\$125.00 per hour x 7.75 hour session	= \$968.75 x 1 DOS	=	\$968.75
6. In regard to date of service 03-02-04 the Requestor billed \$1,000.00 but listed \$875.00 in dispute; therefore, per Rule 134.202(d)(2) **\$875.00** is recommended for reimbursement. 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.”

A Legal and Compliance referral is made due to the Respondent being in violation of Rule 133.301(a) as referenced in number three (3) 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 §133.301

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 \$29,625.00 plus accrued interest, due within 30 days of receipt of this Order

DECISION:

06-25-07

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

ORDER:

06-25-07

Authorized Signature

Director, Medical Fee Dispute Resolution

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.