



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Dr. Suhail Al-Sahli 1210-A NASA Road 1 Houston, Texas 77058	MDR Tracking No.: M4-07-3153-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: CITY OF HOUSTON  REP BOX #: 42	Date of Injury:
	Employer's Name: City of Houston
	Insurance Carrier's No.: 199540X1

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's Position Summary as indicated on the Table of Disputed Services states, "Services was preauthorized and medically necessary."

- Principle Documentation:
- DWC 60 package
  - CMS 1500s
  - EOBs
  - Preauthorization Approval Letter dated 10/31/06

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not provide a response to the DWC-60.

- Principle Documentation:
- 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)
11/01/06	W9	97113 x 8 Units x 11 DOS	1 - 4	\$324.24
11/06/06	W9			\$324.24
11/08/06	W9			\$324.24
11/13/06	W1, W9			\$324.24
11/15/06	39			\$324.24
11/17/06	W1, W9			\$324.24
11/20/06	W9			\$324.24
11/27/06	W9			\$324.24
11/29/06	W1, W9			\$324.24
12/01/06	W9			\$324.24
12/06/06	W9			\$324.24
<b>TOTAL DUE</b>				

### 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. This dispute relates to CPT code 97113 x 8 Units for dates of service 11/01/06 through 12/06/06 denied as “W9—Unnecessary medical treatment-peer review; W1—Workers’ Compensation State Fee Schedule Adj.; and 39—Authorization/Pre-certification was denied.”
2. Per Rule §134.600, the Requestor submitted a copy of the Respondent’s preauthorization letter indicating authorization # RUSS10302006001, as proof that preauthorization was approved on 10/31/06 for CPT code 97113, aquatic therapy, three (3) times a week for four (4) weeks (12 visits) with a start date of 11/01/06 and an end date of 12/08/06.
3. Rule §134.600(c)(i)(B), states, “...The carrier is liable for all reasonable and necessary medical costs relating to the health care...listed in subsection (p) or (q) of this section only when the following situations occur...preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care...”
4. Per Rule §134.202(b) and (c)(i), it is the conclusion of the Division that reimbursement in the amount of \$3,566.64 (\$32.42 x 125% x 8 Units x 11 Days) is recommended.

A referral has been made to Legal and Compliance against the Respondent for violation of §134.600(c)(i)(B).

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

Texas Labor Code, Section §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

**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 in the amount of \$3,566.64 plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

03/09/07

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Typed Name

\_\_\_\_\_  
 Date r

**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.**