



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier

Requestor Name and Address: Summit Rehab Centers 2420 E. Randol Mill Road Arlington, TX 76011	MDR Tracking No.: M4-07-3264-01 Claim No.: Injured Employee's Name:
Respondent's Name: Netherlands Insurance Co. Box 42	Date of Injury: Employer's Name: First Operations LP Insurance Carrier's No.: 802640710

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "Carrier failed to follow Rule 133.304".

Principle Documentation:

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: Respondent did not submit a Position Summary to MDR.

Principle Documentation:

1. DWC 60 package

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)
05/25/06	No EOB	97545-WH	1	\$102.40
05/25/06	No EOB	97456-WH	2	\$307.20
TOTAL DUE				\$409.60

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, set out reimbursement guidelines.

On March 1, 2006, the Requestor submitted newly revised Table of Disputed Services, which will be used for purposes of this dispute.

1. CPT code 97545-WH billed for date of service 05/25/06, No EOB was submitted by either party to the dispute. Per Rule 133.307 (e) (2) (B), The Requestor submitted convincing evidence of their request for EOBs in the form

of a Returned Receipt Request signed by an agent for the Respondent. Requestor received Pre-Authorization for work hardening, under Pre-Auth #8004432533 on 05/16/06. Per Rule 134.202(e) (5) (A) (i), a Non-CARF accredited program shall be reimbursed at 80% of the MAR. Reimbursement is recommended in the amount of **(\$64.00 x 80% = \$51.20 (MAR) x Unit (initial 2 hrs.) = \$102.40).**

2. CPT code 97546-WH billed for date of service 05/25/06, No EOB was submitted by either party to the dispute. Per Rule 133.307 (e) (2) (B), The Requestor submitted convincing evidence of their request for EOBs in the form of a Returned Receipt Request signed by an agent for the Respondent. Requestor received Pre-Authorization for work hardening, under Pre-Auth #8004432533 on 05/16/06. Per Rule 134.202(e) (5) (A) (ii), a Non-CARF accredited program shall be reimbursed at 80% of the MAR. Reimbursement is recommended in the amount of **(\$64.00 x 80% = \$51.20 (MAR) X 6 (Units) = \$307.20).**

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d), 413.031
28 Texas Administrative Code Sec. 134.1, 134.202 133.307(eff. 12/31/06), 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 additional reimbursement in the amount of **\$409.60**. 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:

Eileen V. Atkinson, Medical Dispute Officer

03/09/07

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.