



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Nestor Martinez, D. C. 6660 Airline Drive Houston, TX 77076	MFDR Tracking #: M4-07-3676-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE CO Box 54	Date of Injury:
	Employer Name: READY CABLE INC
	Insurance Carrier #: 99F0000429823

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary (Table of Disputed Services): "Our facility had pre-authorization for these services."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "It is this carrier's position that reimbursement was allowed for 18 therapy visits from 4-17-06 – 5-26-06 in accordance with the number of visits approved, therefore, Texas Mutual believes no reimbursement is due for treatment rendered on date of service 5-31-06 or 6-1-06 as these visits exceed the number of visits approved."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 77076 is located in Harris county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
5-31-06 – 6-1-06	62, 930	97110 (\$35.86 x 4 units)	1, 2	\$143.44
5-31-06 – 6-1-06	62, 930	97140 (\$33.33 x 4 units)	1, 2	\$133.32
5-31-06 – 6-1-06	62, 930	97112 (\$37.16 x 2 units)	1, 2	\$74.32
Total Due:				\$351.08

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 “62-Payment denied/reduced for absence of, or exceeded, pre-certification/authorization,” and “930-Pre-authorization required, reimbursement denied.”
- 2) Per Rule 134.600 (h), the Requestor provided a copy of a preauthorization letter dated 4-11-06 for 18 visits of physical therapy. This injured worker had surgery on March 27, 2006. When rendered on or after May 2, 2006, preauthorization is not required for the first six visits when rendered within the first 6 weeks following a surgical intervention previously approved by the insurance carrier. The injured worker received 20 visits of physical therapy, however, the first two did not require preauthorization. Per the Requestor’s Position Summary: The patient came in to our facility to begin this treatment on April 17, 2006 (first day) and the second day being April 19, 2007 these two following a surgical intervention previously approved by the insurance carrier is not required to have pre-authorization.” The Respondent denied these sessions inappropriately. Reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. 133.301, 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 \$351.08 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

Donna D. Auby

5-14-07

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.