



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Edward F. Wolski, M.D. / Wol+Med 2436 I-35 E. South Ste #336 Denton, TX 76205	MFDR Tracking #:	M4-07-3915-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: Fidelity & Guaranty Insurance Rep Box # : 19	Date of Injury:	
	Employer Name:	RENT A CENTER INC
	Insurance Carrier #:	YLLC10918

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "The carrier did not respond to our request for reconsideration for DOS 2/23, 2/27, 3/2, 3/6, 3/7, 3/17, 3/28 and 4/6/06. This documentation includes a copy of the track and confirmation postal receipt as proof the carrier received our request. There are claims that have neither been paid nor been acknowledged as received. Since there has no acknowledgement, we cannot submit the EOB's for these claims(s). However, we are submitting proof of timely filing as well as proof of timely acceptance."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Additional Documentation

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondent did not submit a response to DWC-60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
02/27/06	No EOB	97546-WH-CA, 2 hrs	1, 3, 8	\$128.00
3/2/06	62	97545-WH-CA	1, 4, 8	\$128.00
		97546-WH-CA, 6 hrs/15min	1, 4, 8	\$400.00
03/06/06	W1	97545-WH-CA	1, 5, 8	\$25.60
		97546-WH-CA, 6 hrs	1, 5, 8	\$76.80
03/07/06	W1	97545-WH-CA	1, 5, 8	\$25.60
	18	97546-WH-CA, 6 hrs	1, 5, 8	\$384.00
03/17/06	No EOB	97546-WH-CA, 3 hrs	1, 3, 8	\$192.00
03/28/06	W1	97750-FC	1, 6, 9	\$19.32
04/06/06	150	99214	1, 7, 10	\$97.01
Total Due:				\$1,476.33

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. This dispute relates to CPT codes 97545-WH-CA (Work Hardening), CPT Code 97546-WH-CA (Work Hardening/each additional hour), CPT Code 97750-FC (Physical Performance Test) and CPT Code 99214 (Office Visit)
2. Per Rule 133.307(d)(1), DOS 02/23/06 was not submitted timely, and will not be part of this review.
3. Neither the Requestor nor the Respondent provided EOBs for DOS 02/27/06 or 03/17/06. The Requestor submitted a copy of a U.S. Postal Service Signature Confirmation Receipt delivered to Hartford at Lexington, KY 40512 on 01/22/07 as evidence of carrier receipt of "Request for Reconsideration" in accordance with 133.307(g)(3)(A).
4. Date of service 03/02/06 was denied with reason codes "62 -Payment denied/reduced for absence of, or exceeded, pre-certification/authorization. Procedure not approved by pre-authorization."
5. Dates of service 03/06/06 and 03/07/06 were denied with reason code "W1 - Workers comp state fee sched adjust. Payment for inter disciplinary programs not accredited by CARF are reduced 20% below the maximum allowed reimbursement for that program, 4/1/96 TX Medical Fee Guideline, page 36 / WC state fee sched adjust". DOS 03/07/06 was also denied with reason code 18 – "Duplicate claim/service. Duplicate charges"; however, the Respondent did not submit documentation to support this was a duplicate.
6. Date of service 03/28/06 was denied with reason code "W1 - Reimbursement according to the Texas Medical Fee Guidelines."
7. Date of service 04/06/06 was denied with reason code "150 -Payment adjusted as info submitted does not support this level of service. Documentation does not justify level of service. Resubmit using code for appropriate lower level of service."
8. Requestor submitted a pre-authorization letter dated 02/20/06 approving 2 weeks of Work Hardening starting on 02/20/06, and two additional weeks were approved on 03/10/06 (Precert #146769) starting on 03/06/06. Requestor also submitted proof of CARF accreditation. Per Rule 134.202(e)(5)(C)(ii) additional reimbursement is recommended as follows:
 - For CPT Code 97545-WH-CA \$179.20 (\$128.00 X 3 units = \$384.00 – \$204.80 paid = \$179.20)
 - For CPT Code 97546-WH-CA \$1,164.80 (\$64/hr X 23 hrs/15 min = \$1,488.00 - \$307.20 paid = \$1,180.80)
9. Per the CMS-1500, services were rendered in Zip Code 76205 which is located in Denton County. The MFG MAR for CPT code 97750-FC in Denton County is \$426.12. Respondent paid \$406.80; therefore, additional reimbursement in the amount of \$19.32 is recommended per Rule 134.202(c)(1).
10. Per Rule 134.202 (b), CPT Code 99214 requires 2 of 3 key components: a detailed history, a detailed examination, and/or medical decision making of moderate complexity. Review of submitted documentation reveals a detailed history and a detailed examination; therefore, per Rule 134.202 (c)(1) reimbursement in the amount of \$97.01 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §133.307 (effective 12/31/06), §134.1, §134.202

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 \$1,476.33 plus accrued interest, due within 30 days of receipt of this Order.

Decision and Order:

		05/02/07
_____ 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.