



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Dipti Patel, D. C. 6660 Airline Dr. Houston, TX 77037	MFDR Tracking #: M4-07-3945-01
	DWC Claim #:
	Injured Employee:
Respondent Name: ZURICH AMERICAN INSURANCE CO Box: #19	Date of Injury:
	Employer Name: SUNSTONE HOTEL PROPERTIES INC
	Insurance Carrier #: 001406004759WC01

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Our facility had pre-authorization for these services. In addition, our facility has NOT duplicated these services."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "The Texas Labor Code requires reimbursement for all medical expenses to be fair and reasonable and be designed to ensure the quality of medical care and to achieve effective medical cost control... The carrier asserts that it has paid according to applicable fee guidelines and/or reduced to fair and reasonable. Further the carrier challenges whether the charges are consistent with applicable fee guidelines."

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 Tarrant county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
12-04-06 – 12-5-06	18	99212 (\$49.44 x 2 DOS)	1, 2	\$98.88
12-04-06 – 12-5-06	18	97545-WH (\$102.40 x 1 day)	1, 2, 3	\$102.40
12-04-06 – 12-5-06	18	97546-WH (\$51.20 hr. x 10 hours)	1, 2, 3	\$512.00
12-6-06	62	99212 (\$49.44 x 1 DOS)	3, 4, 5	\$49.44
12-6-06	62	97545-WH (\$102.40 x 1 day)	3, 4	\$102.40
12-6-06	62	97546-WH (\$51.20 hr. x 5 hours)	3, 4	\$256.00
Total Due:				\$1,121.12

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. These services were denied by the Respondent with reason code “18-Duplicate claim/service.”
2. Respondent did not submit documentation to support that the bill was a duplicate. Therefore, this service will be reviewed per the MFG. Reimbursement is recommended.
3. Per Rule 134.600 (h), the Requestor provided a copy of a preauthorization letter from Genex dated 11-2-06 for 20 additional sessions of Work Hardening Program. Per Rule 134.202(e)(5)(C)(ii) reimbursement shall be \$52.20 per hour for Non-CARF accredited programs. Reimbursement is recommended
4. These services were denied by the Respondent with reason code “62-Payment denied/Reduced for absence of, or exceeded, pre-certification/authorization.”
5. Per Rule 134.600 (h) office visits do not require preauthorization. Reimbursement is recommended.

A referral to Legal and Compliance for the Respondent will be made for improper preauthorization denial per Rule 134.202(e)(5)(C)(ii) .

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §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 \$1,121.12 plus accrued interest, due within 30 days of receipt of this Order.

ORDER :

4-27-07

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.