



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Southeast Health Services P O BOX 170336 Dallas, Texas 75217-0336	MFDR Tracking #: M4-07-4008-01
	DWC Claim #:
	Injured Employee:
Respondent Name: Insurance Company of the State of PA Box #: 19	Date of Injury:
	Employer Name: Ecolab Inc.
	Insurance Carrier #: 023050000225310

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: Per the Table of Disputed Services "This claim was denied "per peer review," however, these charges were preauthorized under approval #2103...preauthorization has been obtained."

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: "The carrier asserts that is 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. All reductions of the disputed charges were made appropriately."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 75217 is located in Dallas county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
03-04-06 & 03-13-06	W9 and 42	98940 (\$33.59 X 2 units)	1 - 3	\$67.18
03-04-06	W9 and 42	97032	1 - 3	\$19.58
03-04-06	W9 and 42	97016	1 - 3	\$17.34
03-13-06	W9 and 42	97140-59	1 - 3	\$32.10
Total Due:				\$136.20

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.

Per Rule 133.307(c)(1)(A) date of service 03-01-06 was not timely filed and is ineligible for review.

1. These services were denied by the Respondent with reason code “W9” (Unnecessary medical treatment based on peer review” and “42” (Charges exceed our fee schedule or maximum allowable amount). The Respondent has not reimbursed the Requestor.
2. The Requestor obtained preauthorization (certification number 2103) for 6 units of CPT codes 98940, 97032, 97016 and 97140 prior to the Requestor rendering the services. The Respondent is in violation of Rule 133.301(a) which states “the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134 of this title”.
3. Reimbursement is recommended per Rule 134.202(c)(1) and Rule 134.202(d), “reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider’s usual and customary charge” in the following amounts: CPT code 98940 \$67.18, CPT code 97032 \$19.58, CPT code 97016 \$17.34 and CPT code 97140-59 \$32.10.

A Legal and Compliance referral is made due to the Respondent being in violation of Rule 133.301(a) as noted in reference number 2 above.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202 and §133.301

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. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$136.20 plus accrued interest, due within 30 days of receipt of this Order.

ORDER::

05-23-07

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.