



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Alta Vista Healthcare 5445 La Sierra Drive, Suite 204 Dallas, Texas 75231	MFDR Tracking #: M4-07-4319-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: ACCIDENT FUND INSURANCE CO. OF AMERICA REP BOX #: 18	Date of Injury:
	Employer Name: Royal Oak Industries, Inc.
	Insurance Carrier #: 643-94484

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "...The claims were denied because per EOBs, the services were not preauthorized. We are CARF accredited therefore the services do not require preauthorization. These were resubmitted and were received by the carrier on 01/15/07 per delivery confirmation from the U. S. Post Office. As of today we have not received any payment or 2nd denial EOB...In summary, it is our position that Crawford & Co., has established an unfair and unreasonable time frame in paying for these services that were medically necessary..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. EOBs
4. Medical Records

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondent did not submit a response to this request for Medical Fee Dispute Resolution.

Principle Documentation:

1. N/A

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
08/29/06 08/30/06-09/26/06	16, W1 62, W1	97545 WH-CA x 1 Unit x 1 Day 97545 WH-CA x 1 Unit x 17 Days	1, 2 & 5	\$2,304.00
08/29/06 08/30/06-09/26/06	16, W1 62, W1	97546 WH-CA x 6 Hours x 1 Day 97546 WH-CA x 6 Hours x 17 Days	3, 4 & 5	\$6,912.00
Total Due:				\$9,216.00

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 is related to CPT code 97545 WH-CA x 1 Unit for date of service 08/29/06 was denied with reason codes “W1—Worker’s compensation state fee schedule adjustment” and “16—Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate” and dates of service 08/30/06, 08/31/06, 09/01/06, 09/05/06, 09/06/06, 09/07/06, 09/08/06, 09/11/06, 09/12/06, 09/14/06, 09/15/06, 09/18/06, 09/19/06, 09/20/06, 09/22/06, 09/25/06 and 09/26/06 were denied with reason codes “W1—Worker’s compensation state fee schedule adjustment” and “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.”
2. Per Rule 134.600(p)(4), a CARF accredited program does not require pre-authorization of services. The Requestor billed using modifier -CA indicating they are a CARF accredited facility. Therefore, the Respondent’s denial reason “62” is an inappropriate denial reason. In addition, per Rule 134.202 (5)(A)(i), the hourly reimbursement for a CARF accredited program shall be 100% of MAR. Rule 134.202(e)(5)(C)(ii) states, “Reimbursement shall be \$64.00 per hour.” Per Rule 134.202(e)(5)(c)(i), the first two hours or each session shall be billed and reimbursed as one unit; therefore, reimbursement recommended in the amount of **\$2,304.00 (\$64.00 per hour (MAR) x 2 hours = \$128.00 x 18 Days)**.
3. This dispute is related to CPT code 97546 WH-CA x 4 Hours for date of service 08/29/06 was denied with reason codes “W1—Worker’s compensation state fee schedule adjustment” and “16—Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate” and dates of service 08/30/06, 08/31/06, 09/01/06, 09/05/06, 09/06/06, 09/07/06, 09/08/06, 09/11/06, 09/12/06, 09/14/06, 09/15/06, 09/18/06, 09/19/06, 09/20/06, 09/22/06, 09/25/06 and 09/26/06 were denied with reason codes “W1—Worker’s compensation state fee schedule adjustment” and “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.”
4. Per Rule 134.600(p)(4), a CARF accredited program does not require pre-authorization of services. The Requestor billed using modifier -CA indicating they are a CARF accredited facility. Therefore, the Respondent’s denial reason “62” is an inappropriate denial reason. In addition, per Rule 134.202 (5)(A)(i), the hourly reimbursement for a CARF accredited program shall be 100% of MAR. Rule 134.202(e)(5)(C)(ii) states, “Reimbursement shall be \$64.00 per hour.” Per Rule 134.202(e)(5)(c)(i), reimbursement recommended in the amount of **\$6,912.00 (\$64.00 per hour (MAR) x 6 hours = \$384.00 x 18 Days)**.
5. A referral was made to Legal and Compliance against the Respondent for violation of Rule 134.600(p)(4).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202, §134.600, §133.307

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 **\$9,216.00** plus accrued interest, due within 30 days of receipt of this Order.

Order:

05/03/07

Authorized Signature

Team Lead

Date

Findings & Decision:

05/03/07

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.