



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Summit Rehab Centers 2420 E. Randol Mill Road Arlington, Texas 76011	MFDR Tracking #:	M4-07-4365-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name: Federal Insurance Company Box #: 17	Date of Injury:	
	Employer Name:	Gaylord Entertainment Company
	Insurance Carrier #:	YLL16124C

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Provider sent a request for reconsideration on February 02, 2007. Proof that carrier received request is also included....All Fee guidelines have been followed."

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: No position summary submitted to MFDR by Respondent.

Principle Documentation: Respondent did not respond to MFDR.

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 76011 is located in Tarrant county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
07-26-06 & 07-28-06	W9	97545-WH (1 unit @ \$102.40 X 2 DOS)	1 - 3	\$204.80
07-26-06 & 07-28-06	W9	97546-WH (6 hours @ \$307.20 X 2 DOS)	1 - 3	\$614.40
Total Due:				\$819.20

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.

Dates of service 08-07-06, 08-08-06 and 08-10-06 were withdrawn by the Requestor on 05-11-07.

1. These services were denied by the Respondent with reason code "W9" (unnecessary [sic]med treatmnet [sic] based on peer review. Peer review obtained by the carrier ind treatmnt [sic] to be medically unreasonable and/or unnecessary and documented srvc does not meet fee guide contained W/I appli AMA CPT/HCPCS guide).

2. The Requestor obtained preauthorization (# CU282292) for CPT codes 97545 and 97546 with a start date of 07/13/2006 and end date of 08/01/2006 prior to the services being rendered. The Respondent is in violation of Rule 134.600(c)(1)(B) which states in part "The carrier is liable for all reasonable and necessary medical costs relating to the health care: preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care."
3. Reimbursement is recommended per Rule 134.202(e)(5)(A)(ii) in the following amounts: CPT code 97545-WH **\$204.80 (\$102.40 X 2 DOS)** and CPT code 97546-WH **\$614.40 (\$307.20 X 2 DOS)**.

A Legal and Compliance referral is made due to the Respondent being in violation of Rule 134.600(c)(1)(B) 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 §134.600

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 \$819.20 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

05-25-07

 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.