



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Ergonomic Rehabilitation of Houston 283 Lockhaven Drive Suite 315 Houston, TX 77073-5519	MFDR Tracking #: M4-07-5581-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: MONTGOMERY COUNTY Box 19	Date of Injury:
	Employer Name: MONTGOMERY COUNTY
	Insurance Carrier #: 098816A00083

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Our charges for the disputed dates of service were denied based on ANSI code 397. The explanation of the insurance company for this reason is the treatment exceeds 45 minutes of physical therapy. Please proceed with dispute resolution in this case."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

No Position Summary was received from the Respondent.

PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 77073 is located in Harris county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
4-28-06 – 5-17-06	213, 397	97110	1, 2	\$0.00
5-24-06, 5-26-06, 5-31-06	213, 397	97110 (\$32.37<MAR x 3 DOS)	1, 3, 4	\$97.11
5-30-06, 6-5-06 – 6-22-06	213, 397	97110 (\$35.86<MAR x 7 DOS)	1, 3, 4	\$251.02
Total Due:				\$348.13

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 “213-The charge exceeds the scheduled value and/or parameters that would appear reasonable,” and “397-Allowance is based on utilization review pre-authorization.”
2. Per Rules 134.600 (h) and 134.600 (c)(1)(B) the Requestor provided a copy of a preauthorization letter dated 5-24-06 for “Physical Therapy to Low Back 3 x 4 weeks.” The services were to be rendered from 5-23-06 – 6-23-06. Dates of service 4-28-06 – 5-17-06 are not within this timeframe. No reimbursement is recommended.
3. Per Rules 134.600 (h) and 134.600 (c)(1)(B) the Requestor provided a copy of a preauthorization letter dated 5-24-06 for “Physical Therapy to Low Back 3 x 4 weeks.” The services were to be rendered from 5-23-06 – 6-23-06. The Respondent denied these sessions for unnecessary medical treatment based on a peer review. Rule 134.600 (c)(1)(B) states "the Respondent shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." Reimbursement is recommended.
4. Per 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.”

A Legal and Compliance referral will be made for inappropriate denial of the preauthorized service per Rule 134.600 (c)(1)(B).

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 \$348.13 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

Donna D. Auby

5-24-07

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.