



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Toni Alex, L. P. C 6660 Airline Dr. Houston, TX 77076	MFDR Tracking #:	M4-07-6355-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: AMCOMP ASSURANCE CORP	Date of Injury:	
	Employer Name:	HORIZON INTERIOR CONSTRUCTION
	Insurance Carrier #:	1000133900

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary (Table of Disputed Services): "Our facility had pre-authorization for these services."

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: "This carrier denied the charges based on extent of injury and medical necessity. A DWC PLN-11 was filed disputing the following conditions..."

Principle Documentation:

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

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
2-9-07	W12, 50, W9	97799-CP (7 units x \$100.00)	1, 2, 3, 4	\$700.00
Total Due:				\$700.00

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. These services were denied by the Respondent with reason code “W12-Extent of injury not finally adjudicated,” “50-These are non-covered services because this is not deemed a medical necessity by the payer. Unnecessary treatment (without peer review),” and “W9- Unnecessary treatment based on peer review.”
2. Per Rule 134.202(e)(5)(E) the Chronic Pain Management Program shall be reimbursed at \$100.00 per hour for a Non-CARF accredited program.
3. The Respondent’s PLN-11 disputes anxiety, depression, adjustment disorder, stress, any and all psychological conditions, head or head conditions, headaches, and jaw pain. The Requestor billed with diagnoses codes 823.80 – Closed Fx of Tibia, 812.40-Closed Fx of Humerus NOS, 920-Contusion of face scalp and neck except eye and 923.20-contusion of hand(s). These services are compensable as the Requestor is billing for compensable and noncompensable body parts.
4. Per Rule 134.600 (c)(1)(B) the Requestor provided a copy of a preauthorization letter dated 1-25-07 for 10 sessions of chronic pain management. The Respondent denied these sessions for unnecessary medical treatment based on a peer review. Rule 134.600 (c)(1)(B) states “The carrier is liable for all reasonable and necessary medical costs relating to the health care that was approved prior to providing the health care.”

A Legal and Compliance referral has been made for inappropriate denial of the preauthorized service per Rule 134.600.

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 \$700.00 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

Donna D. Auby

7-6-07

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.