MDR: M4-02-3753-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 7-16-01 through 8-24-01.
   b. The request was received on 5-28-01.

II. EXHIBITS

1. Requestor, Exhibit I:
   a. TWCC 60
   b. HCFAs
   c. EOBs
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:
   a. TWCC 60 and Response to a Request for Dispute Resolution
   b. EOBs
   c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 10-30-02. The response from the insurance carrier was received in the Division on 11-14-02. Based on 133.307 (i) the insurance carrier's response is timely.

III. PARTIES' POSITIONS

1. Requestor: No position statement noted in the dispute packet.

2. Respondent: Letter dated 11-14-02:
   "In review of the dispute packet and the additional documentation the "Carrier" contends that the requestor's documentation submitted to support services listed on the Table of Disputed Services does not meet the criteria set under Rule 133.1 (a) (3) (E) (i). The rule states that for the three highest level office visits, single and interdisciplinary programs such as work conditioning programs, work hardening programs and physical medicine treatment(s) and/or services shall substantiate the care given and the need for further treatment(s) and/or services and indicate progress, improvement, the date of the next treatment(s) and/or services, complications, and expected release dates."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 7-16-01 through 8-24-01.

2. The carrier denied the billed services as reflected on the EOBs as, "A – Pre-Authorization Not Obtained"; "R4 – Charge Unrelated to the Compensable Injury. The supplies/services are not (or appear not to be) related to the worker's compensation injury of this claimant"; "N-72 - Not Documented; Documentation must include treatment provided (with days of week), response to treatment, progressive overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
07-16-01	97545-WH	$128.00	$-0-	A, R4, N72	$64.00 per hr.	TWCC Rule 134.600 (h) (11); MFG; Medicine Ground Rules (II) (E); CPT Descriptor	The Carrier initially denied the disputed services as not preauthorized. However, the Carrier determined that the patient had participated in the initial 6 weeks of work hardening, in which preauthorization was not required. The Carrier further, denied the disputed services as R4, and N72 as defined above. Upon review of the TWCC Dispute Resolution Information System, it was determined that no TWCC 21 had been filed to contest compensability. Review of the medical documentation revealed insufficient documentation to support the services billed. The work hardening program Progress Report's dates were non legible. The work hardening exercise sheets were confusing. It could not be determined if the number indicated on some of the sheets was reflective of time spent performing the exercise or actual repetitions completed. The medical documentation was sketchy, blank in some areas, and not specific as to the patient's daily response to treatment. There was no indication that the program billed was interdisciplinary in nature. No reimbursement is recommended.
07-16-01	97546-WH	$384.00	$-0-	A, R4, N72			
07-18-01	97545-WH	$128.00	$-0-	A, R4, N72			
07-18-01	97546-WH	$384.00	$-0-	A, R4, N72			
07-20-01	97545-WH	$128.00	$-0-	A, R4, N72			
07-20-01	97546-WH	$384.00	$-0-	A, R4, N72			
07-23-01	97545-WH	$128.00	$-0-	A, R4, N72			
07-23-01	97546-WH	$384.00	$-0-	A, R4, N72			
07-24-01	97545-WH	$128.00	$-0-	A, R4, N72			
07-24-01	97546-WH	$384.00	$-0-	A, R4, N72			
07-25-01	97545-WH	$128.00	$-0-	A, R4, N72			
07-25-01	97546-WH	$384.00	$-0-	A, R4, N72			
07-26-01	97545-WH	$128.00	$-0-	A, R4, N72			
07-26-01	97546-WH	$384.00	$-0-	A, R4, N72			
07-27-01	97545-WH	$128.00	$-0-	A, R4, N72			
07-27-01	97546-WH	$256.00	$-0-	A, R4, N72			
07-31-01	97545-WH	$128.00	$-0-	A, R4, N72			
07-31-01	97546-WH	$384.00	$-0-	A, R4, N72			
08-01-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-01-01	97546-WH	$384.00	$-0-	A, R4, N72			
08-02-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-02-01	97546-WH	$128.00	$-0-	A, R4, N72			
08-03-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-03-01	97546-WH	$384.00	$-0-	A, R4, N72			
08-06-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-06-01	97546-WH	$384.00	$-0-	A, R4, N72			
08-08-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-08-01	97546-WH	$256.00	$-0-	A, R4, N72			
08-13-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-13-01	97546-WH	$384.00	$-0-	A, R4, N72			
08-15-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-15-01	97546-WH	$320.00	$-0-	A, R4, N72			
08-16-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-16-01	97546-WH	$320.00	$-0-	A, R4, N72			
08-17-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-20-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-20-01	97546-WH	$192.00	$-0-	A, R4, N72			
08-21-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-21-01	97546-WH	$384.00	$-0-	A, R4, N72			
08-22-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-22-01	97546-WH	$384.00	$-0-	A, R4, N72			
08-24-01	97545-WH	$128.00	$-0-	A, R4, N72			
08-24-01	97546-WH	$384.00	$-0-	A, R4, N72			
Totals		$10,048.00					The Requestor **is not** entitled to reimbursement.

The above Findings and Decision are hereby issued this 27th day of January 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll