



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Bodies in Balance

Respondent Name

American Home Assurance Co

MFDR Tracking Number

M4-13-0755-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

November 19, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Several calls left to adjuster no answer."

Amount in Dispute: \$20,000.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Written acknowledgement of medical fee dispute received and the Division confirmed with Flahive, Ogden and Latson that dispute notice was forwarded to correct Carrier.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 5, 2012 – September 4, 2012	97799 CP	\$20,000.00	\$8,000.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.200 sets out requirements for medical bill submission by health care providers.
3. 28 Texas Administrative Code §134.600 sets out the guidelines for prospective and concurrent review of health care.
4. 28 Texas Administrative Code §134.204 sets out the reimbursement guidelines for specific workman's compensation services.
5. No Explanation of Benefits submitted by either requestor or respondent.

Issues

1. Did the carrier comply with applicable Division rules?
2. Did the requestor support disputed services are payable?
3. What is the applicable rule that pertains to reimbursement?

4. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §133.200(a) states in pertinent part, “An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill..., not later than the 45th day after the date the insurance carrier received a complete medical bill... Review of the medical documentation finds the carrier did not process the claim in compliance with applicable Division rules. Therefore, the services in dispute will be reviewed in accordance with applicable rules and guidelines.
2. Per 28 Texas Administrative Code §134.600(p) states, “Non-emergency health care requiring preauthorization includes”... 28 Texas Administrative Code §134.600(p), “chronic pain management/interdisciplinary pain rehabilitation.” The submitted documentation finds;
 - a. Certification from Rising Medical Solutions, Inc on behalf of First Group America
 - b. Treatment type – Chronic pain management
 - c. Total units – 5 sessions per week for 2 weeks, for a total of 10 sessions

The number of units certified (10) will be reviewed per applicable rules and fee guidelines.

3. 28 Texas Administrative Code §134.204 (h)(A) and (B) states in pertinent part, “(A)The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR. (B) If the program is not CARF accredited, the only modifier required is the appropriate program modifier. The hourly reimbursement for a non-CARF accredited program shall be 80 percent of the MAR.” The services in dispute will be calculated as follows;

Date of Service	Submitted Code	Units	Authorized Session	Billed Amount	MAR	Amount Due
July 5, 2012	97799CP	8	No. 1	\$1,000.00	$\$125.00 \times 80\% = 100.00 \times 8 = \800.00	\$800.00
July 6, 2012	97799CP	8	No. 2	\$1,000.00	$\$125.00 \times 80\% = 100.00 \times 8 = \800.00	\$800.00
July 11, 2012	97799CP	8	No. 3	\$1,000.00	$\$125.00 \times 80\% = 100.00 \times 8 = \800.00	\$800.00
July 13, 2012	97799CP	8	No. 4	\$1,000.00	$\$125.00 \times 80\% = 100.00 \times 8 = \800.00	\$800.00
July 18, 2012	97799CP	8	No. 5	\$1,000.00	$\$125.00 \times 80\% = 100.00 \times 8 = \800.00	\$800.00
July 19, 2012	97799CP	8	No. 6	\$1,000.00	$\$125.00 \times 80\% = 100.00 \times 8 = \800.00	\$800.00
July 20, 2012	97799CP	8	No. 7	\$1,000.00	$\$125.00 \times 80\% = 100.00 \times 8 = \800.00	\$800.00
July 25, 2012	97799CP	8	No. 8	\$1,000.00	$\$125.00 \times 80\% = 100.00 \times 8 = \800.00	\$800.00
July 26, 2012	97799CP	8	No. 9	\$1,000.00	$\$125.00 \times 80\% = 100.00 \times 8 = \1	\$800.00
July 27, 2012	97799CP	8	No. 10	\$1,000.00	$\$125.00 \times 80\% = 100.00 \times 8 = \800.00	\$800.00
August 14, 2012	97799CP	8	No documentation	\$1,000.00	N/A not authorized	\$0.00
August 15, 2012	97799CP	8	No documentation	\$1,000.00	N/A not authorized	\$0.00
August 17, 2012	97799CP	8	No documentation	\$1,000.00	N/A not authorized	\$0.00
August 22, 2012	97799CP	8	No documentation	\$1,000.00	N/A not authorized	\$0.00
August 24, 2012	97799CP	8	No documentation	\$1,000.00	N/A not authorized	\$0.00
August 27, 2012	97799CP	8	No documentation	\$1,000.00	N/A not authorized	\$0.00
August 28, 2012	97799CP	8	No documentation	\$1,000.00	N/A not authorized	\$0.00
August 31, 2012	97799CP	8	No documentation	\$1,000.00	N/A not authorized	\$0.00
September 4, 2012	97799CP	8	No documentation	\$1,000.00	N/A not authorized	\$0.00
			TOTAL	\$19,000.00		\$8,000.00

4. The requestor is seeking \$20,000.00. The total Maximum Allowable Reimbursement (MAR) is \$8,000.00. This amount is recommended.

