

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 reimbursement for a Chronic Pain Management Program.
- b. The request was received on May 23, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - 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 2:
 - a. Initial response not received.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on January 27, 2003. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on January 28, 2003. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Requestor did not submit a position statement
2. Respondent: Respondent did not submit a response to the additional information.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on July 23, 2001 and extending through September 14, 2001.
2. On July 10, 2001 preauthorization (PA #: 777132) was approved for 10 sessions of Chronic Pain management program over 2 weeks. On July 27, 2001 an addendum/correction was issued extending the end date stating reason for late start was secondary to communication/scheduling issues.
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)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
07/23/01 07/24/01 07/25/01 07/26/01 07/30/01 07/31/01 08/01/01 08/02/01	97799-CP 97799-CP 97799-CP 97799-CP 97799-CP 97799-CP 97799-CP 97799-CP	\$375.00 \$750.00 \$750.00 \$750.00 \$750.00 \$500.00 \$750.00 \$750.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	U U U U U U U U	DOP DOP DOP DOP DOP DOP DOP DOP	Rule 134.600(h)(10) (B) MFG, MGR (II)(G) Rule 133.301(a)	See #2 above. Behavior Health Notes submitted by requestor supports services were rendered as billed. Therefore, reimbursement in the amount of \$5,375.00 is recommended. (43 hrs x \$125.00/hr = \$5,375.00)
07/27/01 08/03/01	97799-CP 97799-CP	\$750.00 \$750.00	\$0.00 \$0.00	U U	DOP DOP	Rule 134.600(h)(10) (B) MFG, MGR (II)(G)	See #2 above Behavior Health Notes were not submitted for these dates of service and cannot be reviewed; therefore, reimbursement is not recommended.
09/04/01 09/05/01 09/06/01 09/14/01	97799-CP 97799-CP 97799-CP 97799-CP	\$750.00 \$750.00 \$750.00 \$750.00	\$0.00 \$0.00 \$0.00 \$0.00	N N N N	DOP DOP DOP DOP	MFG, MGR (II)(G) Rule 133.301(a)	Services denied for N – Not documented. Requestor submitted Behavior Health Notes for dates of service listed which support services rendered as billed. Reimbursement in the amount of \$3,000.00 is recommended. (24 hrs x \$125/hr = \$3,000.00)

09/07/01	97799-CP	\$750.00	\$552.00	N	DOP (\$198.00)	MFG, MGR (II)(G)	Behavior Health Notes not submitted for this date of service and cannot be reviewed. Additional reimbursement is not recommended.
Totals		\$10,625.00	\$552.00				The Requestor is entitled to reimbursement in the amount of \$8,375.00.

The above Findings and Decision are hereby issued this 28th day of March 2003.

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$8,375.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 28th day of March 2003.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

MF/mf