

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September 1, 1993 and Commission Rule 133.305 titled Request for Medical Dispute Resolution, a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above.

### I. DISPUTE

1. a. Whether there should be reimbursement for CPT codes 90825, 90801, 90887 and 90889.
- b. The request was submitted on 8-14-02.

### II. EXHIBITS

1. **Requestor:**
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA-1500
  - 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:**
  - a. TWCC 60 and Letter Responding to Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

### III. PARTIES' POSITIONS

1. **Requestor:**

“This is the initial consultation, not psych testing. These referrals come to us in order to determine whether or not testing is deemed necessary. A complete study, evaluation of records and report prep is necessary to determine further needs.”
2. **Respondent:**
  - a. The insurance carrier did not submit a position statement.
  - b. Based upon the audit summaries, the insurance carrier denied reimbursement for the disputed services based upon: “A-Preauthorization required but not requested; and U- The service rendered is integral to a service requiring pre-authorization,
  - c.

where pre-authorization was not sought or approval was not obtained for the required service, therefore, reimbursement is not allowed.”

**IV. FINDINGS**

1. Based on Commission Rule 133.305(d)(2), the only dates of service eligible for review is 11-14-01.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11-14-01	90825	\$120.00	\$0.00	U	\$2.00/min	Rule 133.304 (d), (h) and (l) TWCC-62 form	Based upon the TWCC-62 form, “U – Unnecessary treatment (without peer review) Used when the IC is denying payment because the IC deems the t/s to be medically unreasonable and/or unnecessary, and the IC is NOT basing that judgment on a peer review.” The insurance carrier’s rationale on the EOB denial is based upon lack of preauthorization not medical necessity. The Initial Consultation report indicates that a 1 ½ hour interview was conducted with claimant, the report does not support billed services.
	90887	\$180.00					
	90889	\$120.00					
	90801	\$270.00		A	\$3.00/min	Rule 134.600 (h)(2)	The Initial Consultation report indicates that a 1 ½ hour interview was conducted with claimant. The report does not support that therapy or testing was performed; therefore, preauthorization was not required and reimbursement is recommended.
<b>Totals</b>							The Requestor is entitled to reimbursement of \$270.00.

MDR Tracking Number: M5-03-0014-01

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the respondent, Texas Mutual Insurance Co., to remit \$270.00 plus all accrued interest due at the time of payment to the requestor, HealthTrust, LLC, within 20 days receipt of this order.

This Order is hereby issued this 3<sup>rd</sup> day of January, 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division