



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Active Behavioral Health, LLC 6300 Samuell Blvd. #112 Dallas, TX 75228	MDR Tracking No.: M4-05-3152-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Hartford Underwriters Insurance C/o Hartford Financial Services Rep Box #: 27	Date of Injury:
	Employer's Name: Don Drive Interiors, Inc.
	Insurance Carrier's No.: 857C 07135

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor did not submit a Position Summary; however, the behavioral medicine consultation report of 3/24/04 states in part, "...[Injured worker] was referred for a behavioral medicine consultation by his treating physician... to assess his emotional status and physical pain in order to determine the relationship to the work accident of 1-27-04..."

Principle Documentation:

1. DWC-60
2. Behavioral Medicine Consultation
3. CMS-1500
4. EOBs

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a position summary or response to the DWC-60.

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
03/24/04	L	90801 – Psy Interview	1	\$193.40
<b>TOTAL DUE</b>				<b>\$193.40</b>

### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

This dispute relates to procedure 90801 – Psychiatric Diagnostic Interview Examination denied as “L – Not Treating Doctor.”

1. The Requestor's consultation report dated March 24, 2004 supports that the treating doctor referred the injured worker for a behavioral medicine consultation. The healthcare provider interviews the patient in an initial diagnostic examination, which includes taking the patient's history and assessing his/her mental status, as well as disposition. The healthcare provider may spend time communicating with family, friends, coworkers, or other sources as part of this examination and may even perform the diagnostic interview on the patient entirely through other informative sources. Laboratory or other medical studies and their interpretation are also included. Per §180.22(c)(1) the treating doctor may approve all health care provided to the injured worker including referrals.

Therefore, per §134.202(b), it is the conclusion of the Medical Review Division that additional reimbursement in the amount of \$193.40 is due the requestor.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. § 413.011(a-d)  
28 Texas Administrative Code Sec. §180.22  
28 Texas Administrative Code Sec. §134.202

**PART VII: DIVISION DECISION AND 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 additional reimbursement in the amount of \$193.40.

Ordered by:

Marguerite Foster

November 10, 2005

Authorized Signature

Typed Name

Date of Order

**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.**