



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Behavioral Healthcare Associates 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-3284-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: OneBeacon America Insurance Co. C/o Dean G. Pappas & Associates Rep Box #: 29	Date of Injury:
	Employer's Name: RM Installation, Inc.
	Insurance Carrier's No.: OCC20039X

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...The carrier has not reimbursed for services rendered according to TWCC fee guidelines. The carrier has incorrectly applied a PPO contract to our facility. No such contract exists between our facility and the carrier. The carrier is unable to produce a contract for Behavioral Healthcare Associates..."

Principle Documentation:

1. Requestor's position summary
2. TWCC-60/Table of Disputed Service
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...It is the Carrier's Position that the charges made the basis of this dispute have processed for reimbursement correctly and that no additional reimbursement is due. The CPT Code 96100 was paid in full, at \$330.00. CPT Code 96150 was paid at \$90.15, per the guides. Code 90885 was reduced for unbundling. CPT Code 90801 was paid in full, at \$210.00..."

Principle Documentation:

1. Respondent's position summary
2. Table of Disputed Services
3. EOBs

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)
01820/04	F	96100 – Psychological Testing	1	\$0.00
TOTAL DUE				\$0.00

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, set out reimbursement guidelines.

1. The Requestor has identified CPT Code 96100 as the only code in dispute, stating that the Carrier has not reimbursed according to the TWCC fee guidelines. Review of the disputed issue reveals, according to CMS CCI edits, that CPT Code 96100 is considered a "Misuse of Column 2 with Column 1" with CPT Code 96150 in column 1, unless a modifier is used. The Requestor did not attached modifier "-59" to CPT Code 96100 which is the Column 2 code. Therefore per Rule 134.202(b) additional reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.201
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 not** entitled to additional reimbursement.

Decision by:

Marguerite Foster

March 2, 2006

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.