



## 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: Behavioral Healthcare Associates 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-3413-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Hartford Insurance Co. Rep Box #: 27	Date of Injury:
	Employer's Name: Weil Gotshal & Manges
	Insurance Carrier's No.: 670C 63693

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

The Position Summary states in part, "...Carrier cannot deny for "no preauthorization" where no preauthorization is required to provide the service..."

Principle Documentation:

1. Requestor's position statement
2. DWC-60 and Table of Disputed Services
3. CMS-1500's and EOB's

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

The Respondent did not submit a response to the initial request for medical dispute resolution.

Principle Documentation: 1. N/A

### 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)
01/15/04	A, N	90801 – Psychiatric Diagnostic 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 Division Rule 134.202 titled Medical Fee Guideline effective August 1, 2003, set out reimbursement guidelines.

The Requestor submitted a letter dated April 28, 2006 withdrawing CPT Codes 90885 and 90889; therefore, these CPT Codes will not be reviewed.

The disputed issue is non-payment of CPT Code 90801 for date of service 01/15/04 denied as "A – Preauthorization not obtained" and "N – We have received your reconsideration request, however it is incomplete. Please submit a copy of the original bill, reason for reconsideration, EOR or TWCC-62 and medical reports. Once received we will reconsider your charges."

1. According to Rule 134.600, the initial psychiatric diagnostic interview does not require preauthorization; therefore, the Respondent incorrectly denied the disputed services. Per Rule 133.307(g)(3)(B) the Requestor has submitted medical reports to support the services were rendered as billed; therefore, reimbursement in the amount of \$193.40 is recommended.

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

28 Texas Administrative Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.1  
28 Texas Administrative Code Sec. §134.600  
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. The Division hereby **ORDERS** the Respondent to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Ordered by:

Marguerite Foster

August 23, 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.**