Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

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 2450 Fondren, Ste. 112 Houston, TX 77063	MDR Tracking No.: M4-05-4807-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Twin City Fire Insurance C/o Hartford Financial Services Rep Box #: 27	Date of Injury: Employer's Name: Tech Systems, Inc. Insurance Carrier's No.: 847C 05811

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "…Carrier reduced payment of preauthorized services according to 'fee guidelines.' The carrier incorrectly calculated the Maximum Allowable Reimbursement established by the commission. The carrier paid below the MAR established for Tarrant County Texas…"

Principle Documentation:

1. Requestor's position summary
2. TWCC-60/Table of Disputed Services
3. CMS-1500
4. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a position summary; however, the Respondent's rationale on the Table of Disputed Services states, "Carrier aggress to pay"

Principle Documentation:

1. Requestor's Rationale
2. TWCC-60/Table of Disputed Services
3. EOBs showing reference number

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)
05/06/04, 05/27/04, 06/01/04, 06/03/04	F	90806 – Psychotherapy 96152 - Health and behavior intervention	1	$00.00
TOTAL DUE				$00.00

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 disputed issue is the Respondent did not pay according to the Fee Guideline. In review of the CMS-1500 the Requestor has listed in box 24B of the CMS-1500 a "62" which indicates a comprehensive outpatient rehabilitation facility; the Respondent paid according to the facility fees. Also, according to the Center for Medicare Services, CCI Edits CPT Code 96152 is considered a CCI component unbundle; there are no circumstances in which a modifier would be appropriate. The services represented by the code combination are not paid separately. According to the Respondent they have agreed to pay

the disputed amount. They have submitted electronic check displays which show two payments were made in the amount of $12.76 each with check numbers 30365034 and 30365031 for a total payment of $25.52 which is the amount in dispute.

Therefore, it is the conclusion of MDR that per Rule 133.307(m) payment has been rendered and a dispute no longer exists.

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
28 Texas Administrative Code Sec. §133.307

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	February 9, 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.