



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.: M4-05-5155-01

Claim No.:

Injured Employee's Name:

Respondent's Name:
TASB Risk Management Fund
C/o Burns, Anderson, Jury & Brenner
Rep. Box #: 47

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...The carrier has denied procedure 96151 due to "global/bundling" with 96152, which find this rationale incorrect for the reason that procedure 96151 is a health questionnaire and not a health behavioral intervention. Carrier has also failed to abide the TWCC guidelines established for Dallas County Texas in regards to procedures 96152..."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary, listed on the Table of Disputed Service in the Respondent's rationale, states in part, "...Paid F/S \$30.56 x 4 units for 3-6-04, 3-31-94, 4-7-04 & 4-7-04. Carrier continues to deny as payment policy states this code is mutually exclusive to 96152, a modifier is allowed to differentiate appropriate services."

Principle Documentation: 1. Response to 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)
03/16/04, 03/31/04, 04/07/04, 04/14/04	F/W4	96152	1, 2	\$00.00
03/31/04	G	96151	1, 3	\$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 Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

1. This dispute relates to procedures 96151, denied as "G – Charges are included in another procedure billed" 96152, payment exception code "F – Fee Guideline MAR reduction" and "W4 – Fee Guideline MAR reduction. No additional reimbursement allowed after review of appeal/reconsideration."

2. CPT Code 96152 – The Requestor billed \$124.24 for each date of service billed. The Respondent reimbursed \$122.24 for each date of service. The submitted CMS-1500's reveal that the Requestor billed using "62" as the place of service, which is considered by Medicare as "facility fees." Therefore, according to Rule 134.202(b) the Respondent correctly reimbursed the Requestor and no additional reimbursement is recommended.

3. CPT Code 96151 – According to Rule 134.202(b), CPT Code 96151 is mutually exclusive to CPT Code 96152. A modifier is allowed in order to differentiate between the services provided, however, the Requestor did not attach a modifier. Therefore, reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
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

October 16, 2006

Authorized Signature

Typed Name

Date of Decision

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.