



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: Injury One Treatment Center 5445 La Sierra Drive, Suite 204 Dallas, Texas 75231	MDR Tracking No.: M4-05-5315-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Old Republic Insurance Company C/o ECAS Rep Box # 02	Date of Injury:
	Employer's Name: RK Bass Electric, Inc.
	Insurance Carrier's No.: OR04EG00587001

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"The initial psychological interview does not require pre-auth, per TCC Rule 134.600. A total of five hours were provided to the patient. Only two hours were reimbursed. The MAR for procedure code 90801 is \$182.15 per unit. At this time we are seeking reimbursement for the additional three hours..."

- Principle Documentation:
1. Requestor's position summary
 2. TWCC 60/Table of Disputed Services
 3. CMS 1500
 4. Explanation of Benefits
 5. Initial Behavioral Medicine Consultation dated 07/28/04

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"...EGIG reimbursed \$364.30 for code 90801. The 1996 fee schedule, where reimbursement was made by the minute of service is not applicable. The current guide provides for reimbursement per session, and only for one session per date of service. A second interview must be preauthorized per Rule 134.600. If the code description does not indicate that the code is paid by time, the code is only paid once per date of service. EGIG mistakenly paid this code twice (\$364.30) and should have only paid \$182.15. EGIG requests the Medical Review Division find that the carrier has reimbursed the correct amount and not additional monies are due the requestor."

- Principle Documentation:
1. Respondent's position summary
 2. TWCC 60/Table of Disputed Services

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)
07/28/04	F	90801 X 5 Units (Psychiatric Diagnostic Interview Examination)	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. Code 90801 X 5 Units for date of service 07/28/04 was denied "F". The Carrier reimbursed the Requestor \$364.30. According to 134.202(b) and (c)(1), CPT code 90801 is not considered a timed code by Medicare. Per Rule 134.202, reimbursement shall be according to Medicare plus 125%. Medicare pricing is \$193.40 (\$154.72 x 125% = \$193.40). Therefore, no additional reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.201
28 Texas Administrative Code Sec. §134.202
28 Texas Administrative Code Sec. §134.202(c)(1)

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.

Ordered by:

02/08/06

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.