



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, P.C. 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-5760-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: New Hampshire Insurance Co. Box: 19	Date of Injury:
	Employer's Name: HOWCO Metals, Inc.
	Insurance Carrier's No.: 077090612

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...Carrier has failed to abide the TWCC guidelines established for Harris County Texas..."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOBs
4. Letter from First Health

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...The carrier asserts that it has paid according to applicable fee guidelines and/or reduced to fair and reasonable..."

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)
04/13/04	F, C	96117 x 6 hours	1, 2	\$56.54
04/14/04, 04/20/04, 04/27/04	F, C	90806 x 3 DOS	1, 3	\$37.38
TOTAL DUE				\$93.92

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 96117 (Neuropsychological testing battery, per hour), 90806 (Psychotherapy, 40-50 minutes). The Respondent used payment exception codes "F – The charge for this procedure exceeds the fee schedule or usual and customary allowance" and "C – This contracted provider or hospital has agreed to reduce this charge below the fee schedule or usual and customary charges for your business."

2. CPT Code 96117 for date of service 04/13/04. The Respondent used payment exception codes "F" and "C" and reduced the payment amount to the Requestor. The Requestor submitted a letter from First Health that states in part, "Behavioral Healthcare Associates physicians billing under federal tax identification number 790548533, are not currently, nor have they ever been, participating members of the First Health Network or CNN Network..." The participating amount Medicare pays plus the 125% allowed by the Division is \$94.24 per hour. The maximum allowable reimbursement for this CPT code is \$565.44 (\$94.24 x 6). The Respondent paid \$508.90. Therefore, per Rule 134.202(b) additional reimbursement in the amount of \$56.54 is recommended.

3. CPT Code 90806 for dates of service 04/14/04, 04/20/04, 04/27/04. The Respondent used payment exception codes "F" and "C" and reduced the payment amount to the Requestor. The Requestor submitted a letter from First Health that states in part, "Behavioral Healthcare Associates physicians billing under federal tax identification number 790548533, are not currently, nor have they ever been, participating members of the First Health Network or CNN Network..." The participating amount Medicare pays plus the 125% is \$124.52 x 3 dates of service = \$373.56. The Respondent paid \$336.18. Therefore, per Rule 134.202(b) additional reimbursement in the amount of \$37.38 is recommended.

Total amount of additional reimbursement recommended is \$93.92.

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 entitled to additional reimbursement in the amount of \$93.92. The Division hereby **ORDERS** the insurance carrier 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

September 25, 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.