



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Injury One Treatment Center 5445 La Sierra Drive, Suite 204 Dallas, Texas 75231	MFDR Tracking # M4-05-5851-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TASB Risk Management Fund c/o Burns Anderson Jury & Brenner Box #47	Date of Injury:
	Employer Name: Killeen I.S.D.
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary states in part "...TASB Insurance has not paid the Mar for these procedures that were billed. Procedure code 90801 (Initial psychological interview) is reimbursed at \$182.15 per unit, a total of five units were provided to... And for procedure code 96100 (psychological testing), the Mar for this procedure code is \$81.49 per unit; five units were provided to...Preauthorization was obtained through the utilization review department of Texas School Boards Association..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary taken from the Table of Disputed Services states "Carrier paid fee schedule for procedure 90801-it is not a timed code & is a flat fee of \$182.15. Carrier did not approve procedure 96100. Pre-auth denied 96100 at pre-auth level & only approved 2 hrs of testing & 3 hours of modality PPA. Carrier requests withdrawal of fee dispute."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
06/15/04	F,O	90801	1	\$0.00
07/21/04	F,Z	96100	2	\$0.02
Total Due:				\$0.02

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

Per Box 32 of the form CMS-1500 services were performed in McLennan County zip code 76705.

These services were denied by the Respondent with reason code "F-Fee Guideline Reduction Procedure code 90801 is described as a psychiatric diagnostic interview examination; which is not a timed code. Please check AMA-CPT 2004. Fee Guideline MAR Reduction" "O-Denial After Reconsideration. Reduction was not based on medical necessity or pre-authorization as reconsideration request states. Per CPT descriptor, 90801 is not a timed code. Reimbursement is for 1 unit only." "Z-Only two hours psych (96100) testing approved and three hours (90901) modality PPA allowed. 90901 Procedure was not billed PREAUTHORIZATION REQUESTED BUT DENIED. Only two (2) hours of Psychological testing was authorized (96100). Additional time not allowed per Preauth# LYKE06292004001-00. PREAUTHORIZATION REQUESTED BUT DENIED."

1. CPT code 90801 is defined as Psychiatric diagnostic interview examination. The MFG MAR for CPT code 90801 in McLennan County is \$182.15. This is not a timed procedure. The Requestor billed \$1,800.00. The Respondent paid \$182.15; therefore, additional reimbursement is not recommended.

2. CPT code 96100 is defined as Psychological testing with interpretation and report, per hour. The MFG MAR for CPT code 96100 in McLennan County is \$81.49 per hour. Preauthorization is required by Rule 134.600 for CPT code 90806. The Respondent preauthorized two hours. The Requestor billed five units for a total of \$875.00. The Respondent paid \$162.96; therefore, an additional \$0.02 reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202

PART VII: DIVISION DECISION AND/OR 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. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$0.02 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

07/13/07

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

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.