

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 Health Care Associates	MDR Tracking No.: M4-05-6190-01
4101 Greenbriar, Ste. 115	Claim No.:
Houston, TX 77098	Injured Employee's Name:
Respondent's Name: Fidelity & Guaranty Insurance Rep. Box #: 19	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's rationale on the Table of Disputed Services states, "Carrier denied 90806 due to "no preauth obtained". Services were approved by carrier and issued preauth # 1143205."

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...The Requestor billed for Psychotherapy for the above stated dates of service. Pursuant to Rule 134.600(h)(4) All psychological testing and psychotherapy will be subject to preauthorization. The Respondent presents evidence from Concentra that psychotherapy was preauthorized for one time a day, for eight weeks from 12/02/03 through 02/09/04. The dates of service in this dispute are outside of this preauthorization time frame. The Requestor simply did not have this procedure pre-authorized, violating the rules as set out by the TWCC..."

Principle Documentation: 1. Response to DWC 60

2. Concentra activity sheet

PART IV: SUMMARY OF DISPUTE AND FINDINGS Denial Part V **Additional Amount Date(s) of Service CPT** Code(s) or Description Code Due (if any) Reference 04/05/04, 04/12/04 and 1-2 A, 1 90806 \$00.00 04/22/04 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 90806 (individual psychotherapy 45-50 min) and was denied as "A, 1 – This procedure/supply must be pre-authorized in accordance with TWCC Rule 134.600."

2. According to Rule 133.304(k & 1) if the sender of the bill is dissatisfied with the insurance carrier's final action on a medical bill, the sender may request reconsideration and that the insurance carrier must take final action within 21 days. Per Rule 133.304(m)(2) if the sender of the medical bill has not received the insurance carrier's response to the request for reconsideration by the 28^{th} day after the date the request for reconsideration was sent then the sender of the medical bill may request medical dispute resolution in accordance with Rule 133.305. Per Rule 133.307(e)(2)(B) the requestor has not submitted convincing evidence that the request for reconsideration was made in accordance with the rule. A request for reconsideration was submitted to the insurance carrier on April 4, 2005 and request for medical dispute resolution was made

on April 5, 2005; therefore, the Requestor has not allowed ample time for the insurance carrier to respond and the dispute was sent in prematurely and cannot be reviewed by Medical Dispute Resolution.

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. §133.304, 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 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.