



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 77096	MDR Tracking No.: M4-05-6279-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Protection Insurance C/o Harris & Harris Rep Box #: 42	Date of Injury:
	Employer's Name: Chamberlin Waterproofing & Roofing
	Insurance Carrier's No.: 4650138796

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...Carrier denied reimbursement for procedure 90801 (clinical interview) and 90885 (review of records) using rationale 'preauthorization required by not requested' and 'reduced for fee guidelines'. We disagree with the carrier's rationale as the 90801 (1st clinical interview) and 90885 (review of records) DO NOT require preauthorization and the fee guidelines established for the procedures is NOT \$0..."

Principle Documentation:

1. Requestor's position summary
2. CMS-1500
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a position summary; however their rationale on the Table of Disputed Services submitted with their TWCC-60 response states, "...All psychological testing and psychotherapy requires pre-certification. This was not required by the provider..."

Principle Documentation:

1. 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)
04/30/04	F, 663, 910-049	90801 – Psych. Diagnostic Interview	1	\$182.15
04/30/04	885, 910-049	90885 – Evaluation of Records	2	\$00.00
TOTAL DUE				\$182.15

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.

The Requestor submitted EOBs which show a payment amount was recommended; however, the Requestor has not received payment for this date of service.

1. CPT Code 90801 for date of service 04/30/04 denied as "F, 663, 910-049 – Reimbursement has been calculated according to the state fee schedule guidelines and A – Preauthorization required by not requested/treatment was not pre-authorized. Fee Guideline MAR reduction". The Carrier improperly denied this procedure code. Per Rule 134.600 (h) psychological diagnostic interview do not require preauthorization unless they are repeat interviews. The Carrier has not submitted any pertinent information to support that this was a repeat interview. Therefore, per Rule 134.202(b) reimbursement in the amount of \$182.15 (\$154.72 x 125%) is recommended.

2. CPT Code 90885 for date of service 04/30/04 denied as “885, 910-049 – Review of this code has resulted in an adjusted reimbursement of \$75.00. A- Preauthorization required by not requested/treatment was not pre-authorized...” According to CMS CCI edits this code is considered a bundled code and is not separately payable. Therefore, per Rule 134.202(b) reimbursement is not 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. §134.600(h)(4)

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 reimbursement in the amount of **\$182.15**.

Decision by:

Marguerite Foster

January 27, 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.