



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: Buena Vista Workskills 5446 La Sierra Drive, Suite 204 Dallas, Texas 75231	MDR Tracking No.: M4-05-9388-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Travelers Casualty & Surety Company C/o The Travelers Companies Rep Box # 05	Date of Injury:
	Employer's Name: Wallace L. Boldt General Contractor
	Insurance Carrier's No.: 532CBB5Z6490

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"...Mr. ___ had a behavioral consultation per referral from Dr. Robert Lowry. The claim was paid below MAR...The claim was resubmitted and was received by the insurance on 04/23/04 per delivery confirmation from the U.S. Post Office. As of today we have not received any payment or EOB. In summary, it is our position that S. Paul/Traveler's Insurance has established an unfair and unreasonable time frame in paying the services that were authorized and rendered to Mr. ___..."

- Principle Documentation:
1. Requestor's position summary
 2. TWCC 60/Table of Disputed Services
 3. CMS 1500
 4. Explanation of Benefits
 5. Behavioral Medicine Consultation dated 12/17/04

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent was notified of TWCC-60 on 6/14/05. The Respondent signed for Requestor's additional information on 6/30/05. The Respondent did not submit a response to this request for medical dispute resolution.

- Principle Documentation:
1. N/A

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)
12/17/04	TXB7, F	90801 (Psychiatric Diagnostic Interview Examination)	1	\$11.25
TOTAL DUE				\$11.25

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 12/17/04 was denied "TXB7, F—Per the Tx Fee Guideline, the procedure code billed requires pre-authorization. Per Rule 134.600, CPT code 90801 does not require preauthorization. Carrier reimbursed the Requestor \$182.15. 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% (\$154.72 x 125% = \$193.40 – \$182.15 (insurance carrier payment) = \$11.25). Therefore, additional reimbursement in the amount of \$11.25 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.202
28 Texas Administrative Code Sec. §134.202(b) and (c)(1)
28 Texas Administrative Code Sec. §134.600

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 **\$11.25.** 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:

05/17/06

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.