



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Buena Vista Workskills 5445 La Sierra Dr #204 Dallas, TX 75231	MFDR Tracking #: M4-05-9505-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: Insurance Co of The State of PA Rep. Box # 19	Date of Injury:
	Employer Name: Labor Ready Inc
	Insurance Carrier #: 99312906219675

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "...We are CARF accredited therefore the services that were rendered do not require preauthorization..."

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: A response was not submitted.

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
11/01/04	A	90801	1,2	\$172.71
11/12/04	A	97545-WH-CA 97546-WH-CA	1,3	\$128.00 \$384.00
11/15/04	A	97545-WH-CA 97546-WH-CA	1,3	\$128.00 \$320.00
11/17/04	A	97545-WH-CA 97546-WH-CA	1,3	\$128.00 \$384.00
Total Due:				\$1644.71

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, sets out the reimbursement guidelines.

1. This dispute related to procedures 90801 (Psychiatric diagnostic interview examination), 97545-WH-CA (Work Hardening) and 97546-WH-CA (Work Hardening) and was denied as "A – Pre-authorization not obtained."

2. Rule 134.600 (h)(4) states, "Psychological testing and psychotherapy, repeat interview and biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program; be preauthorized." CPT code 90801 is defined as, "Psychiatric diagnostic interview examination." Documentation does not indicate that this was a repeat interview and therefore does not require preauthorization. Reimbursement in the amount of \$172.71(\$138.17 x 125%) is recommended for CPT code 90801.
3. Per Rule 134.202(e)(5)(A)(i), "If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs below. The hourly reimbursement for a CARF accredited program shall be 100% of the MAR. Documentation shows that the Requestor is CARF accredited; therefore, preauthorization is not required. Reimbursement in the amount of \$1472.00 (\$64.00 x 23 hours) is recommended.

A Legal & Compliance referral was made against the Respondent for violation of Rule 134.600.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
 28 Texas Administrative Code Sec. §134.1, §134.202, §134.600

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 reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$1644.71 plus accrued interest, due within 30 days of receipt of this Order.

Decision and Order:

Scott Hansen

04/19/07

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.