



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 2450 Fondren, Ste. 112 Houston, TX 77063	MDR Tracking No.: M4-05-9883-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Travelers Indemnity Co. C/o The Travelers Companies Rep Box #: 05	Date of Injury:
	Employer's Name: UNICCO Service Co.
	Insurance Carrier's No.: 039CBBXP6710

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...The carrier has reduced reimbursement for procedure(S) 90806. The rationale used by the carrier is 'fee guidelines.' We disagree with the carrier's rationale as the carrier did not meet the fee guidelines..."

Principle Documentation:

1. Requestor's position summary
2. TWCC-60/Table of Disputed Services
3. CMS-1500
4. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "We have re-reviewed the bills in question and charges for dates of service 6/24/04 & 9/6/04 have been paid correctly per fee schedule as billed by the provider. In response to date of service 9/10/04, this bill was originally denied in error. This bill has now been released for payment.

Principle Documentation:

1. Position Summary
2. TWCC-60/Table of Disputed Services
3. Payment screen

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)
06/24/04, 08/06/04, 09/10/04	F	90806 – Psychotherapy	1	\$00.00
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 Commission Rule 134.202 titled Medical Fee Guideline effective August 1, 2003, set out reimbursement guidelines.

1. The disputed issue is the Respondent did not pay according to the Fee Guideline. In review of the CMS-1500 the Requestor has listed in box 24B of the CMS-1500 a "62" which indicates a comprehensive outpatient rehabilitation facility; the Respondent paid according to the facility fees for dates of service 06/24/04 and 08/06/04 as billed by the provider. The participating amount for facility fees according to the Medicare Physician Fee Schedule times 125% is \$119.83, which is the amount the Respondent paid for dates of service 06/24/04 and 08/06/04. The Respondent has since made payment according

to the facility fees for date of service 09/10/04 and have submitted a payment screen that shows payment was made on 01/26/06 in the amount of \$119.83 with check reference 898B 0093448332.

Therefore, it is the conclusion of MDR that per Rule 133.307(m) payment has been rendered according to the facility fees and a dispute no longer exists.

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. §133.307(m)

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 additional reimbursement.

Decision by:

Marguerite Foster

February 9, 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.