



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: Behavior Healthcare Associates 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-9936-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Lumbermens Mutual Casualty co. C/o Harris & Harris Rep Box #: 42	Date of Injury:
	Employer's Name: Labor Ready, Inc.
	Insurance Carrier's No.: 86092901616945

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) 96100, 96150, and 96151. 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 did not submit a position summary; however, on Part III of the TWCC-60 it states, "Bills audited per fee guidelines by bill review."

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)
06/24/04	F	96100 – Psychological Testing	1	\$169.17
06/24/04	F	96150 – Health & Behavior Assessment	2	\$97.38
09/03/04	F	97151 – Health & Behavior Re-assessment	3	\$26.44
TOTAL DUE				\$292.99

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. CPT Code 96100 for date of service 06/24/04, PEC – "F". According to the Center for Medicare Services this code is reimbursed per hour. The Requestor billed 3 hours on the CMS-1500 and the Respondent reimbursed 1 hour; therefore, per Rule 134.202(b) additional reimbursement in the amount of \$169.17 (\$67.68/hr x 3 = 253.80; the Requestor indicated \$253.77 on the Table of Disputed Services, consequently reimbursement will be figured on the amount Requestor indicated, \$253.77 - \$84.60) is recommended.

2. CPT Code 96150 for date of service 06/24/04, PEC – “F”. According to the Center for Medicare Services this code is reimbursed in 15-minute increments. The Requestor billed 4 units on the CMS-1500 and the Respondent reimbursed 1 unit; therefore, per Rule 134.202(b) additional reimbursement in the amount of \$97.38 ($\$32.46 \times 4 = \$129.84 - \32.46) is recommended.

3. CPT Code 96151 for date of service 09/03/04, PEC – “F”. According to the Center for Medicare Services this code is reimbursed in 15-minute increments. The Requestor billed 2 units on the CMS-1500 and the Respondent reimbursed 1 unit; therefore, per Rule 134.202(b) additional reimbursement in the amount of \$26.44 ($\$31.11 \times 2 = \$62.22 - \35.78) is recommended.

Total reimbursement recommended for the disputed dates of service is \$292.99.

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. §133.307(g)(3)(D)
1996 Medical Fee Guideline, Medicine Ground Rule, CPT Descriptor MAR\$

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 **\$292.99**.

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.