



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier	
Requestors Name and Address: Behavioral Healthcare Associates 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-A068-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: ACE American Insurance Co. Rep Box #: 15	Date of Injury:
	Employer's Name: Halliburton Energy Services, Inc.
	Insurance Carrier's No.: C290C0155760

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Position Summary states in part, "...The carrier has denied procedures 90885 and 90889 as "global" to 90801/ "incorrectly billed". We disagree with the carrier's rationale as the service Is NOT included in 90801..."

Principle Documentation:

1. Requestor's position statement
2. DWC-60 and Table of Disputed Services
3. CMS-1500's and EOB's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Position Summary states in part, "...It is the Carrier's position to stand on AccuMed decision that no additional recommendation is due based on TWCC Medical Fee Guidelines/Rules..."

Principle Documentation: 1. Respondent's position summary
 2. DWC-60 response package

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)
06/29/04	F, O	90889	1	\$0.00
TOTAL DUE				\$0.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.202 titled Medical Fee Guideline effective August 1, 2003, set out reimbursement guidelines.

The disputed issue is non-payment of CPT Code 90889 for date of service 05/29/04 denied as "F – Disallowed; service(s) not billed within the guidelines established by TWCC Rule 134.202/CMS payment policies effective 8/01/03" and "O – Previous recommendation(s) will stand as they were defined and no additional recommendation is due based on TWCC Medical Fee Guidelines/Rules."

1. Rule 180.22(e) addresses the referral doctor's role in the treatment of an injured worker. The referral doctor is a doctor who examines and treats an employee in response to a request for the treating doctor. Rule 180.22(e)(2) speaks to the reporting of the employee's status to the treating doctor and carrier at least every 30 days. The submitted treatment notes are not considered status reports. According to the Center for Medicare Services the disputed CPT Code is considered a Status "B" code and not separately payable. Therefore, per Rule 134.202(b) reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202
28 Texas Administrative Code Sec. §180.22

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 reimbursement.

Decision by:

Marguerite Foster

September 21, 2006

Authorized Signature

Typed Name

Date of Decision

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.