



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 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-A358-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Home Assurance Co. C/o Flahive, Ogden & Latson Rep Box #: 19	Date of Injury:
	Employer's Name: Wal Mart Stores, Inc.
	Insurance Carrier's No.: C3279988

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...The carrier has failed to provide our facility with a copy of the explanation of benefits for procedures 90885 and 96151. Our facility has made attempts to obtain a copy of the explanation of review without success..."

Principle Documentation:

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...No pre-auth was obtained for the repeat psych interview/assessment..."

Principle Documentation:

1. Respondent's position summary
2. TWCC-60/Table of Disputed Services
3. Adverse Pre-Auth determination
4. EOB

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)
07/15/04	G	90889 – Report Preparation	1	\$00.00
08/16/04	Z	90885 – Evaluation of Records 96151 – Health Reassessment	2	\$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. CPT Code 90889 for date of service 07/15/04 denied as "G." Per Medicare this code is considered a Status B – Bundled code and not separately payable. Therefore, per Rule 134.202(b) reimbursement is not recommended.
2. CPT Code 90885 for date of service 08/16/04 denied as "Z - Preauthorization requested but denied." The evaluation of records does not require preauthorization; however, according to Medicare this code is considered a Status B – Bundled code and not separately payable. Therefore, per Rule 134.202(b) reimbursement is not recommended.

CPT Code 96151 for date of service 08/16/04 denied as “Z – Preauthorization requested but denied.” Per Rule 134.600 this code requires preauthorization. The Respondent submitted an adverse determination for preauthorization; however, this adverse determination was for requested services of CPT Code 90801. Since this particular code requires preauthorization the Requestor has not submitted convincing evidence that preauthorization was requested or received; therefore, reimbursement is not recommended.

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. §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 not** entitled to reimbursement.

Decision by:

Marguerite Foster

March 3, 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.