



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: Texas Health P.O. Box 600324 Dallas, TX 75360	MDR Tracking No.: M4-05-A405-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Travelers Casualty & Surety Co. C/o The Travelers Companies Rep Box #: 05	Date of Injury:
	Employer's Name: Siemens Building Technologies
	Insurance Carrier's No.: 039CBAVV5764

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...CPT code 90801 does not require pre-authorization per TWCC Rule 134.600. This patient has a compensable injury and our facility treated the patient for symptoms directly related to that compensable injury..."

Principle Documentation:

1. Requestor's position statement
2. CMS-1500
3. EOB
4. Consultation Notes

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...Regarding procedure code 90801-psychiatric diagnostic interview examination, this code has been paid correctly. In speaking with Patricia Ruehle at our providers inquiry center, this code is payable one time per fee schedule..."

Principle Documentation:

1. Position Summary
2. 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)
07/21/04	Z011	90801 – Psy Dx Interview	1	\$00.00

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

1. Per the 2002 MFG, this is not a timed (multiple units) code. The descriptor states "Psychiatric diagnostic interview examination". Per Rule 134.202(b) and (c)(1), the maximum allowable reimbursement is \$193.40 (\$154.72 x 125%). According to the EOB's submitted by both parties, the respondent has correctly reimbursement the requestor; therefore additional 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. §134.202

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

November 18, 2005

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.