



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Active Behavioral Health 2500 West Freeway # 200 Fort Worth, Texas 76102	MDR Tracking No.: M4-05-B158-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Travelers Property & Casualty Rep Box # 05	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 039CBACS0772

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: DWC-60 package, explanations of benefits, preauthorization, CMS 1500s and medical documentation  
Position Summary: Per table of disputed services "Followed fee guidelines/preauthorized"

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: Response to DWC-60  
Position Summary: The provider is disputing reimbursement made for CPT code 90801 for date of service 10/04/04. This charge was paid correctly at \$193.40. This charge is not billable/payable in multiple units. It is not payable in time quantity, but is paid per session. No additional is due. The provider is disputing reimbursement made for CPT code 90901 for date of service 11/11/04. This charge was paid correctly at \$53.06. This charge is not billable/payable in multiple units. This is a training technique which is billable 1 unit per date of service. No additional is due. The provider states that they never received payment for CPT code 99361 for date of service 4/01/05. That charge was originally denied, but has since been paid. Payment was made on 7/15/05 in the amount of \$53.00. I have attached payment screen showing payment and check number.

### 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)
10/04/04	TXB7/F	90801 (3 units)	1	\$0.00
11-11-04	F	90901(240 minutes/4 units)	2	\$0.00
<b>TOTAL DUE</b>				<b>\$0.00</b>

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

1. Carrier denied for TXB7/F (Per the TX Fee Guideline, the procedure code billed requires pre-authorization. Per Rule 134.600(h) repeat psychological interviews require preauthorization. The Requestor submitted documentation for review which indicated this service in dispute to be the initial psychiatric interview which does not require preauthorization. The carrier has made a payment of \$193.40. The MAR per Rule 134.202(c) (1) is \$193.40. No additional reimbursement is recommended as this service is not payable in multiple units.
  
2. Carrier denied with "F" (this procedure code is reimbursed based on the medical fee guideline. If a fee

schedule is not mandated, the UCR allowance is reimbursed for the zip code area). The carrier has made a payment of \$53.06. The MAR per Rule 134.202(c)(1) is \$53.06. No additional reimbursement is recommended as this service is not payable in multiple units per CPT Assistant, June 1999, Volume 9, Issue 6, page 7.

CPT code 99361 date of service 04-01-05 listed on the table of disputed services was paid by the carrier on 04-22-05 in the amount of \$53.00 check number 84142017 and is therefore no longer in dispute.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. § 413.011(a-d)  
28 Texas Administrative Code Sec. § 134.1  
Rules 134.202(c)(1) and 134.600(h)  
CPT Assistant, June 1999, Volume 9, Issue 6, page 7.

**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.

Findings and Decision by:

11-08-05

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date of Findings and 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.**