



## 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-B321-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:  
Gulf Insurance Co.  
C/o Burns, Anderson, Jury & Brenner  
Rep Box #: 47

Date of Injury:

Employer's Name: Bank Personnel, Inc.

Insurance Carrier's No.: 01CW069484100006

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

The Requestor's position summary states in part, "...The carrier has denied reimbursement for procedure 96150. The rationale used by he carrier is 'no preauthorization obtained.' We disagree with the carrier's rationale as the service in question does not require preauthorization..."

Principle Documentation:

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

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

The Respondent did not submit a position summary; however, the Respondent's rationale on the Table of Disputed Services submitted states, "Auth was given for dos 08-19-04 w/ code 96152 this was initial eval. Auth was needed for further treatment & treatment was given. Auth date was 08-20-04. Treatment date was 08-19-04. Services rendered before auth was given. Treatment on dos 08-19-05 was not auth as it was 2<sup>nd</sup> visit."

Principle Documentation:

1. Respondent's rationale on Table of Disputed Services
2. TWCC 60/Table of Disputed Services
3. Pre-authorization approvals

### 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)
08/16/04	A	96150 – Health & Behavioral Assessment	1	\$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 96150 for date of service 08/19/04 was denied as "A – Preauthorization Required/Not Requested." Per Rule 134.600 CPT Code 96150 is one of the psychiatric codes that require preauthorization. The Respondent has submitted a preauthorization determination that allows treatment with this particular CPT Code; however, this was obtained after the date of service in dispute. The Requestor has not submitted any convincing evidence to support preauthorization for this date of service was approved. 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.**