



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: Active Behavioral Health 2420 E. Randal Mill Rd. Arlington TX 76011	MDR Tracking No.: M4-05-B387-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Zurich American Ins. Co. Rep Box #: 19	Date of Injury:
	Employer's Name: Automation Personnel Services
	Insurance Carrier's No.: 001627018710WC01

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: 1. TWCC-60
2. TWCC 62 and CMS-1500
3. Documentation for services rendered

Position Summary/Statement: "Provider sent a request for reconsideration on 6/29/05. Proof that carrier received request is also included. Carrier chose not to respond within 28 day time frame rule. TWCC Rule 133.307(j)(2) says only the reason brought up by carrier can be heard at MDR...DOS 10/4/05 (04): Treated and evaluation related to the Compensable area...Rule 133.307(j)(2) says that at MDR, the reviewer's response shall address only those denial reasons presented...Any new denial reasons or defenses raised SHALL NOT be considered in the review..."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: 1. Respondent's response to MDR.

Position Summary:

8/31/05: "Carrier maintains that the disputed service is neither reasonable nor necessary to cure or relieve the effects of the compensable injury. Carrier has denied the claimant's extent of injury. Thus, this matter must be abated until such time as that extent dispute has been finally adjudicated..."

9/20/05: "...Carrier maintains its position as outlined in the original response. Carrier would like to note that the provider sent the alleged request for reconsideration to an unknown address in Tucson, AZ, not the Carrier's /PTA's correct address in Plano. Thus, the Carrier has not received a request for reconsideration..."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due
10/4/04	W12	90801 – Psychiatric diagnostic interview/exam	1.	\$193.40
TOTAL DUE				\$193.40

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.

(MDR = Medical Dispute Resolution, DOS = Date(s) of Service, EOB = Explanation of Benefits)

1. This dispute is related to lack of reimbursement for a Psychiatric diagnostic interview/exam provided on 10/4/04.

- The Requestor, according to the CMS-1500, sent their billing to a Gallagher Bassett, PO Box 23812, Tucson, Arizona. The Requestor submitted "Proof Carrier Received Request for Reconsideration" dated 6/29/05. The Requestor submitted a copy of the TWCC-62/Explanation of Benefits that had a 'Date of Audit, 7/14/05.' The denial code was "W12 – Extent of Injury, Not finally adjudicated."
- On 5/23/05, a BRC agreement was reached. The Parties agreed the claimant did have an on the job injury with disability from 7/28/04 through 10/4/04, and the remaining issues were in reference to impairment.
- The Requestor billed with Diagnosis code '825.25- Closed fracture of metatarsal (foot injury),' the compensable body area. Therefore, MDR will review the disputed issues according to the medical fee guideline.
- CPT code 90801 x 3 units, Psychiatric diagnostic interview, was billed for DOS 10/4/04. The report substantiated the service was rendered, therefore reimbursement recommended. According to 134.202 (b) and (c)(1), CPT code 90801 is not considered a timed code by Medicare. Per to Rule 134.202, reimbursement shall be according to Medicare plus 125% (\$154.72 x 125% = \$193.40). Therefore reimbursement of \$193.40 is 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** entitled to additional reimbursement in the **amount of \$193.40**.

Ordered by:

5 / 17 / 06

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.