



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier

Requestor Name and Address: Allied Behavioral Healthcare P. O. Box 257 Ferris, TX 75125	MDR Tracking No.: M4-07-3189-01 Claim No.: Injured Employee's Name:
Respondent Name: Zurich American Insurance Co. Box 19	Date of Injury: Employer's Name: Performance Food Group Co. Insurance Carrier's No.: YLLC22242

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "We obtained preauthorization for Individual Psychotherapy 90806. The preauthorization number is CU287670."

Principle Documentation:

1. DWC 60 package
2. CMS 1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: Per Respondent's Table of Disputed Services, "Not reasonable & necessary."

Principle Documentation:

1. DWC 60 package

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)
09/14/06	W9	90806	1, 2	\$115.00.
Total Due				\$115.00.

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

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, set out reimbursement guidelines.

1. CPT code 90806 billed for date of service 09/14/06 was denied by carrier with denial reason "W9" (Unnecessary medical treatment based on peer review. Pymt withheld as the services rendered were not reasonable or necessary based on peer review of referring physician). Requestor submitted a request for Pre-Authorization for CPT 90806 – 1 – 2X a week to equal 5 sessions. The Respondent approved CPT code 90806 for 5 units for dates 08/29/06 – 09/30/06. Requestor billed CPT code within the required timeframe.

2. Per Rule 134.600 (c) (1) (B) The carrier is liable for all reasonable and necessary medical costs relating to the health care and for preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care. The MAR for CPT code 90806 is \$118.95, ($\$95.16 \times 125\% = \118.95) however, the Requestor is seeking

less than the MAR, \$115.00. This amount is recommended per Rule 134.202 (d) (2).

CPT code 90806 was denied for medical necessity after pre-authorization was obtained, therefore, a Legal & Compliance Referral has been made against the Respondent for violation of Rule 134.600 (c)(1)(B).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d), 413.031
28 Texas Administrative Code Sec. 134.1, 134.202 133.307 effective 12/31/06

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 **\$115.00**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

Medical Dispute Officer

04/24/07

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.