



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Alta Vista Healthcare 5445 La Sierra Dr. #204 Dallas, TX 75231	MFDR Tracking #:	M4-07-3475-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: ACE USA/ESIS Box 15	Date of Injury:	
	Employer Name:	Centrica US Holdings Inc
	Insurance Carrier #:	3471096603

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "The claims were denied and per EOB, the charge is unrelated to the compensable injury. All the other dates of service on 01/27/06 and 02/28/06 were already paid."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Attached are the completed DWC-60 and EOBs. The charges are unrelated to the compensable injury. In accordance with 28 TAC §§ 133.305(b) and 133.307(e)(3)(H), this case must be dismissed."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
02/14/06	160, 269, 287	90806-59	1-4	\$118.95
		90880	1-4	\$149.05
02/21/06	160, 269, 287	90806-59	1-4	\$118.95
		90880	1-4	\$149.05
Total Due:				\$536.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

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

1. This dispute relates to CPT Code 90806-59 (Individual psychotherapy) and CPT Code 90880 (Hypnotherapy), denied on original EOB with codes 160 (Payment denied/reduced because injury/illness was the result of an activity that is a benefit exclusion), 269 (Charge unrelated to compensable injury) and on reconsideration EOB with code 287 (This service is denied because the Doctor is not on the Texas Approved Doctors List (ADL) for this date of service.)

2. A doctor did not provide this service. Services were provided by a Licensed Professional Counselor who is not required to be on the Division's ADL.
3. A Contested Case Hearing was held on October 18, 2005. The Decision and Order states that psychological injury or right ankle injury are not part of the compensable injury. The Requestor billed with diagnosis code 722.10 (Lumbar Disc Displacement). The compensable injury extends to include a head injury and a cervical, thoracic, and lumbar spine injury.
4. Six individual psychotherapy sessions were approved (Referral Number 86491011) as medically necessary, appropriate and related to the work injury of ___ to address the pain level and poor coping skills with these pain levels.
5. Per the CMS-1500, services were rendered in Zip Code 78212 which is located in Bexar County. The MFG MAR for CPT code 90806 in Bexar County is \$118.95. The MFG MAR for CPT code 90880 in Bexar County is \$149.05. Per Rule 134.202(c)(1), reimbursement in the amount of \$536.00 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

PART VII: DIVISION DECISION AND/OR 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 reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$536.00 plus accrued interest, due within 30 days of receipt of this Order.

Decision and Order:

 Authorized Signature

 Medical Fee Dispute Resolution Officer

4/19/07

 Date

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.