



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Alta Vista Healthcare 5445 La Sierra Drive, Suite 204 Dallas, Texas 75231	MFDR Tracking #: M4-07-3738-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE COMPANY REP BOX #: 54	Date of Injury:
	Employer Name: Assoc. of Retarded Citizens Texas
	Insurance Carrier #: 99E0000368375

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "...The patient was referred for an initial Behavioral Health Evaluation prior to his participation in the Chronic Pain Management Program. The claim was denied as not being preauthorized. This was resubmitted but was again denied for the same reason. We are CARF accredited and CPT Code 90801 does not require preauthorization. The patient was preauthorized and participated in the 15-day Pain Management Program. All the services during the Program were already paid:...In summary, it is our position that Texas Mutual has established an unfair and unreasonable time frame in paying for the services that were rendered..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500
3. EOBs
4. Medical Records

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...Texas Mutual denied the charge in dispute, a repeat Psychiatric Interview, for lack of pre-authorization. The initial Psychiatric Interview was rendered on 10/19/04 by Franklin R. Brooks, PH.D...The requester did not request preauthorization from the carrier as required by DWC Rule 134.600 for items listed in Rule 134.600(h)(4). (4) all psychological testing and psychotherapy, repeat interviews, and biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program...The provider has not submitted documentation of the exceptions for carrier liability as provided for in DWC Rule 134.600; therefore, it is Texas Mutual's position that no reimbursement is due for the repeat Psychiatric Interview rendered 10/26/2006..."

Principle Documentation:

1. Response to DWC 60 package

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
10/26/06	62, 930/ 62, W4, 891, 930	90801—Psychiatric Interview	1 –4	\$00.00
Total Due:				\$00.00

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 is related to CPT code 90801 for date of service 10/26/06 that was denied with reason codes “62—Payment denied/reduced for absence of, or exceeded, pre-certification/authorization”, “W4—No additional reimbursement allowed after review of appeal/reconsideration”, “891—The insurance company is reducing or denying payment after reconsideration”, and “930—Pre-authorization required, reimbursement denied.”
2. Rule 134.600(p)(7)(effective 05/02/06), states, “...Non-emergency health care requiring preauthorization includes:...all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program; ...”
3. Per 134.600 (effective 05/02/06), CPT code 90801 does not require preauthorization. The claimant participated in a preauthorized CARF accredited Pain Management Program and all of the services were paid except for the psychiatric interview.
4. The Respondent submitted a CMS-1500 indicating an initial psychiatric interview was rendered by Franklin R. Brooks, P.D. at San Antonio Chronic Pain Center on 10/19/04. Per Rule 134.600, preauthorization was not obtained for the psychiatric interview in dispute, therefore, reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202, §134.600

PART VII: DIVISION DECISION

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:

06/18/07

Authorized Signature

Medical Fee Dispute Resolution Officer

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.