

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address: Texas Health 5445 LaSierra Dr #204 Dallas, Texas 75231	MFDR Tracking #: M4-07-4628-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TEXAS MUNICIPAL LEAGUE INTERGO BOX 19	Date of Injury:
	Employer Name: CITY OF DUNCANVILLE
	Insurance Carrier #: T130600119162

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "...I requested reconsideration...to have the bills reconsidered but they were denied... I explained to her the treatment was preauthorized but she would not approve for payment..."

Principle Documentation:

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

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...The provider asserts that the services were pre-authorized; however CPT code 96151 was denied as it is not to be paid separately...Carrier will review the other CPT codes and notify you of any change to its position..."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
8-1-06, 8-8-06	169, W9, W1	90806 (\$126.14 x 2 units)	1, 2, 3, 6	\$252.28
8-1-06	B15, R81	96151	4, 5	\$0.00
Total Due:				\$252.28

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. These services were denied by the Respondent with reason code "169-Disallowed due to physician advisor review," "W9-Unnecessary medical treatment –peer review," and "W1-Workers Compensation State Fee Schedule Adjustment."
2. Per review of Box 32 on the CMS-1500, zip code 75231 is located in Dallas County.
3. Per Rule 134.600 (c)(1)(B) the Requestor provided a copy of a preauthorization letter dated 6-29-06 (#79532741-1) for 6 sessions of Psychotherapy and Biofeedback. The Respondent denied these sessions for unnecessary medical treatment based on a peer review. Rule 134.600 (c)(1)(B) states "The carrier is liable for all reasonable and necessary medical costs relating to the health care that was approved prior to providing the health care." Reimbursement is recommended.
4. These services were denied by the Respondent with reason code "B15-Procedure/Service is not paid separately," and "R81-CCI; HCPC/CPT Coding Manual Instruction/Guideline."
5. Per Rule 134.202(b) CPT code 96151 is considered to be a component procedure of CPT code 90806 which was billed on the same date of service. The services represented by the code combination will not be paid separately.
6. In its position statement the Respondent stated that it would review CPT code 90806 for possible additional reimbursement. No review was made.

A Legal and Compliance referral has been made for inappropriate denial of the preauthorized service per Rule 134.600.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

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

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 \$252.28 plus accrued interest, due within 30 days of receipt of this Order.

ORDER:

Donna D. Auby

7-6-07

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.