

MDR Tracking M5-02-2388-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September 1, 1993 and Commission Rule 133.305 titled Request for Medical Dispute Resolution, a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for CPT codes 90825, 90801, 90887 and 90889.
- b. The request was submitted on 4-9-02.

II. EXHIBITS

1. **Requestor:**
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA-1500
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. **Respondent:**
 - a. TWCC 60 and Letter Responding to Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

III. PARTIES' POSITIONS

1. **Requestor:**

The requestor did not submit a position statement.
2. **Respondent:**
 - a. The insurance carrier did not submit a position statement.
 - b. Based upon the audit summaries, the insurance carrier denied reimbursement for the disputed services based upon: "A-Preauthorization required but not requested; and U- The service rendered is integral to a service requiring pre-

authorization, where pre-authorization was not sought or approval was not obtained for the required service, therefore, reimbursement is not allowed.”

IV. FINDINGS

1. Based on Commission Rule 133.305(d)(2), the only dates of service eligible for review is 11-14-01.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11-14-01	90825	\$120.00	\$0.00	U	\$2.00/min	Rule 133.304 (d), (h) and (l) TWCC-62 form	Based upon the TWCC-62 form, “U – Unnecessary treatment (without peer review) Used when the IC is denying payment because the IC deems the t/s to be medically unreasonable and/or unnecessary, and the IC is NOT basing that judgment on a peer review.” The insurance carrier’s rationale on the EOB denial is based upon lack of preauthorization not medical necessity. The Initial Consultation report indicates that a 1 ½ hour interview was conducted with claimant, the report does not support billed services.
	90887	\$180.00			\$3.00/min		
	90889	\$120.00			\$2.00/min		
	90801	\$270.00		A	\$3.00/min	Rule 134.600 (h)(2)	The Initial Consultation report indicates that a 1 ½ hour interview was conducted with claimant. The report does not support that therapy or testing was performed; therefore, preauthorization was not required and reimbursement is recommended.
Totals							The Requestor is entitled to reimbursement of \$270.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the respondent, Texas Mutual Insurance Co., to remit \$270.00 plus all accrued interest due at the time of payment to the requestor, HealthTrust, LLC, within 20 days receipt of this order.

This Order is hereby issued this 3rd day of January, 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division