

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 8-16-02.

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. The insurance carrier did not submit a position statement.

III. PARTIES' POSITIONS

1. **Requestor:**

“The EOB provided by Texas Mutual indicates that Pre-authorization was not sought or approved for this service. However, we continually are in dispute with Texas Mutual about having to obtain pre-authorization on an initial interview. As I have discussed several times before with them, this initial interview only allows us at Health Trust to determine whether or not the patient needs or qualifies for further testing, at which time pre-authorization is sought. As in this case, after the initial interview, authorization was asked and it was approved by Texas Mutual so that we could proceed with the behavioral testing.”
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: “Z-Treatment or service provided required

preauthorization. Preauthorization was requested by the Health Care Provider and denied, therefore, the treatment or service is not reimbursed; 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. A – Preauthorization required but not requested; and F – Reimbursed is According to the 12/11/91 Medical Fee Guideline; and F – Reduced in accordance with the appropriate TWCC fee guideline’s maximum allowable reimbursement”

IV. FINDINGS

1. Based on Commission Rule 133.305(d)(2), the only dates of service eligible for review is 12-12-02.
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:
2-12-02	90825 90887 90889	\$120.00 \$180.00 \$120.00	\$0.00	U	\$2.00/min \$3.00/min \$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 EOB indicates that carrier paid for 90887 and 90889; the report does not support billing of 90825 services.

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	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 17th day of January, 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division