Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address:	MDR Tracking No.: M5-05-2924-01
Hill Country Behavioral Health P. O. Box 600324 Dallas, Texas 75360	Claim No.: Injured Employee's Name:
Respondent's Name and Address: Pacific Employers Ins Company, Box 15	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents included TWCC 60 form, Explanations of Benefits and CMS 1500's. Position summary states, "Based upon the results of is initial psychological evaluation, a recommendation was made for the patient to proceed with individual psychotherapy sessions. Preauthorization was obtained though the utilization review department of the insurance company. The insurance company has established an unfair and unreasonable decision for the denial of payment for the services that were rendered to ___."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No position summary or documentation was received.

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
	Medical Necessity Services were withdrawn by the requestor and will not be a part of this review.		

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute contained services that will be reviewed by Medical Dispute Resolution.

On 9-16-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 90806 on 9-13-04 and 9-15-04 was denied as "R-Services do not appear related to injury." On 7-28-05 the adjustor, Charles Chauffe, stated that there is no dispute for psychological services. He stated that he would reaudit the claims to obtain accurate denial codes. He has never submitted new EOB's for these services. Recommend reimbursement according to the 2002 MFG of $236.00 ($118.00 X 2 DOS).

CPT code 90806 on 9-22-04 and 9-28-04 was denied as "A – Psychiatric/psychological therapy or testing must be preauthorized." In a letter dated 9-3-04 the carrier authorized "Approval for 4 sessions of individual psych." Recommend reimbursement according to the 2002 MFG of $236.00 ($118.00 X 2 DOS).

Regarding CPT Code 90889 on 9-13-04 and 9-15-04: Per the MFG this service is "Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers." This is a bundled code. Recommend no reimbursement.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

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 entitled to reimbursement in the amount of $472.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Findings and Decision and Order by:

		9-29-05
Authorized Signature	Typed Name	Date of Order

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.