



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: Killeen Rehab Group 5445 La Sierra Drive # 204 Dallas, TX 75231	MDR Tracking No.: M5-06-0416-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Home Assurance Company, Box 19	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 package. Position paper states, "The treatments rendered were medically necessary and were preauthorized. This patient's recovery would have been negatively impacted without this treatment."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response.

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)
	Requestor withdrew items denied for medical necessity.		

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

In a letter dated 12-02-05 the Requestor withdrew all services denied for medical necessity. Therefore, the file contains unresolved medical fee issues only. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 12-07-05 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 10-25-04 was denied by the carrier as "This item was previous submitted and reviewed." Respondent did not provide original EOB per rule 133.307(e)(3)(B). The requestor provided documentation to support delivery of services per Rule 133.307(g)(3)(A-F). Recommend reimbursement of \$118.00.

CPT code 90806 on 4-1-05 was denied by the carrier for unnecessary medical treatment based on a peer review. In accordance with Rule 134.600 (h) (4), the requestor provided a copy of the preauthorization letter dated 3-24-05 for four sessions of Individual Psychotherapy. Rule 133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." Therefore, in accordance with Rule 134.600 (b)(1)(B) reimbursement is recommended in the amount of \$119.75.

CPT code 90901 on 4-05-05 and 4-18-05 was denied by the carrier for unnecessary medical treatment based on a peer review. In accordance with Rule 134.600 (h) (4), the requestor provided a copy of the preauthorization letter dated 3-24-05 for four sessions of Biofeedback. Rule 133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." Per the 2002 MFG the descriptor for code 90901 does not include a time element. The intent of code 90901 is to denote the service itself, and not the time necessary to perform the service indicated. Therefore, in accordance with Rule 134.600 (b)(1)(B) reimbursement is recommended in the amount of \$94.78 (\$47.39 X 2 DOS).

CPT code 90806 on 4-18-05 was preauthorized by the carrier in a letter dated 3-24-05. However, per the 2002 MFG CPT code 90806 is considered by Medicare to be a component procedure of CPT code 90880. The services represented by the code combination will not be paid separately. Recommend no reimbursement.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.301 (a), 134.600 and 133.307.

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 additional reimbursement in the amount of \$332.53. 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:

Donna Auby

1-18-06

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.