



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

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

Requestor's Name and Address:
Active Behavioral Health, L.L.C.
6300 Samuell Blvd. #112
Dallas, TX 75228

MDR Tracking No.: M4-05-0418-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:
Guideone Mutual Insurance Company
Rep Box # 02

Date of Injury:

Employer's Name: Dallas First Presbyterian Church

Insurance Carrier's No.: 42A48169

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor states that the carrier has failed to follow rule 133.304 (c).

Principle Documentation:

1. Requestor's position statement
2. TWCC-60
3. EOB's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent stated that the matter in question has not been finally adjudicated.

Principle Documentation: 1. Position Statement

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
08/20-12/18/03	R	90806- Psychotherapy Office Visit	1	\$986.80
TOTAL DUE				\$986.80

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

1. CPT Code 90806 for dates of service 08/20/03 through 12/18/03 (8 dates of service) were denied as "R – Extent of Injury". On October 24, 2004 the Appeals Panel did not issue a decision within the required time; therefore, the decision of the Hearing Officer is final. The Hearing Office determined, at a Contested Case Hearing held on August 16, 2004, that depression was part of the compensable injury; however the left wrist and arm were not. The diagnosis codes documented on HCFA-1500 indicate treatment for 840.9 - sprains and strains of shoulder and upper arm, unspecified site. According to the treatment records provided Medical Dispute Resolution cannot determine what treatment was provided to the compensable injury; therefore, reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. § 413.011(a-d)
28 Texas Administrative Code Sec. § 134.202

PART VII: DIVISION DECISION AND 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 additional reimbursement in the amount of **\$986.80**.

Ordered by:

12/21/05

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.