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

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: Behaviorial Healthcare Associates 4101 Greenbriar, Suite 115 Houston, Texas 77098	MDR Tracking No.: M4-05-3153-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Insurance Company of the State of PA C/O Flahive Ogden & Latson Rep Box # 19	Date of Injury: Employer's Name: Tenet Healthcare Corp. Insurance Carrier's No.: 003960000569930001

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"Pre Auth obtained, carrier failed to pay according to fee schedule."

Principle Documentation:
1. Requestor's position statement
2. TWCC 60/Table of Disputed Services
3. CMS 1500
4. Explanation of Benefits

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Carrier did not submit a response to the Request for Medical Dispute Resolution.

Principle Documentation:
1. N/A

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)
12/30/03	C	96150-59	1	$00.00
12/30/03	C	95151-59	2	$00.00
01/22/04	C	96152	3	$00.00
TOTAL DUE				$00.00

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

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, set out reimbursement guidelines.

1. CPT Code 96150 for date of service 12/30/03 was denied "C". The Requestor failed to present pertinent information to dispute or challenge the carrier's position regarding a managed care contract, on this basis reimbursement is not recommended.
2. CPT Code 96151 for date of service 12/30/03 was denied "C". According to the Requestor's submitted Table of Dispute Services, this CPT code is not in dispute.
3. CPT Code 96152 for date of service 01/22/04 was denied "C". The Requestor failed to present pertinent information to dispute or challenge the carrier's position regarding a managed care contract, on this basis 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. §134.201
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 not** entitled to additional reimbursement.

Ordered by:

		01/27/06
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.