



## 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:  
Behavioral Healthcare Associates  
4101 Greenbriar, Ste. 115  
Houston, TX 77098

MDR Tracking No.: M4-05-3309-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:  
Fidelity & Guaranty Insurance  
C/o Flahive, Ogden & Latson  
Rep Box #: 19

Date of Injury:

Employer's Name: Ball Corp.

Insurance Carrier's No.: YBUC 33962

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor did not submit a position summary; however, the Requestor's rationale on the Table of Disputed Services states, "Pre Auth obtained for services rendered. Carrier paid less than TWCC's 2004 fee schedule and carrier also failed to respond to request for reconsideration."

Principle Documentation:

1. TWCC-60/Table of Disputed Services
2. CMS-1500's
3. EOBs

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary dated 01/28/05 states that the carrier reimbursed the provider in accordance with Fee Guidelines; a PPO discount was then taken and if the provider is no longer with the network, this would be an issue that the provider will need to address with the PPO. The Respondent also stated in another letter, dated 01/28/05, that it is the Carrier's contention that Behavioral healthcare Associates did not properly request for reconsideration in accordance with Chapter 133.304(k) for dates of service 01/08/04 – 01/13/04.

Principle Documentation:

1. Position Summary
2. TWCC-60/Table of Disputed Services

### 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)
10/24/03 – 01/08/04	C	CPT Code 96152 – Health/Behavioral Intervention	1	\$00.00
01/13/04 & 02/20/04	C	CPT Code 96152 – Health/Behavioral Intervention	2	\$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. Medical Review date stamped the Requestors Medical Dispute Resolution Request on January 11, 2005. Per Rule 133.307(d)(1) dates of service 10/24/03 through 01/08/04 (10 dates) are outside the one (1) year filing deadline and not eligible for review.

2. CPT Code 96152 for dates of service 01/13/04 and 02/20/04 were denied as “C – Paid in Accordance with Affordable PPO”. Neither party submitted any convincing evidence to support whether the Requestor has a contractual agreement with a PPO; therefore, MDR cannot make a determination. Also, in reviewing the submitted documentation, the CMS-1500 for these two dates of service were not stamped with “Request for Reconsideration” per Rule 134.304(k)(i). The Requestor has not submitted any convincing evidence to support the request for reconsideration was properly submitted to the carrier. No additional reimbursement is 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  
29 Texas Administrative Code Sec. §134.304(k)(1)

**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.

Decision by:

Marguerite Foster

February 3, 2006

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.**