



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.: M4-05-4117-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Casualty Company of R C/o Burns Anderson Jury & Brenner Rep Box # 47	Date of Injury:
	Employer's Name: Peterson Manufacturing Co
	Insurance Carrier's No.: YBUC 59980

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"Not paid according to TWCC Fee Guideline we do not have any contract with the carrier in question."

Principle Documentation:

1. TWCC 60
2. Position statement
3. CMS – 1500
4. Explanation of Benefits
5. Clinical Interview

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"Regarding date of service 2/6/04, it appears that a PPO discount was taken. This would be an issue the provider would need to discuss with PPO. The carrier has not received any information showing the provider is no longer with the network."

Principle Documentation:

1. TWCC 60
2. 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)
02/06/04	C	90801 (psychophysiological interview)	1	\$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. Code 90801 for date of service 02/06/04 was denied as "C". Per Rule 133.307 (g) (3) (B) the requestor did not submit pertinent information to support their position of not having a PPO contract. 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. §134.201
28 Texas Administrative Code Sec. §134.202
28 Texas Administrative Code Sec. §134.202(b)(c)(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 reimbursement.

Ordered by:

Sandra Hernandez

2/08/06

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.