



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: Texas Health P.O. Box 600324 Dallas, TX 75360	MDR Tracking No.: M4-05-3028-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: TPCIGA for Reliance National Insurance C/o TPCIGA Rep Box #: 50	Date of Injury:
	Employer's Name: Trinity Industries, Inc.
	Insurance Carrier's No.: 35021470

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...The initial behavioral consultation was denied and per EOB, "no documentation to support med necessity and/or relationship to injury; for reconsideration ..."

Principle Documentation:

1. Requestor's position summary
2. TWCC-60/Table of Disputed Services
3. CMS-1500s
4. EOBs
5. Clinical notes

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...Please be advised that as the respondent, we have submitted our response and documentation relevant to this dispute upon receipt of the initial request for response with the TWCC 60 and do not have any further information/response to submit at this time..."

Principle Documentation: 1. Respondent's position summary

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)
04/28/04 – 05/20/04, 06/25/04 – 08/23/04		90806, 90901, 97003	1	\$00.00
06/03/04	N	90806, 90901, 90880, 90889	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. The Requestor submitted a withdrawal of all dates of services with the exception of 06/03/04. Therefore, these dates of service are not longer in dispute and will not be reviewed.
2. CPT Codes 90806, 90901, 90880 and 90889 for date of service 06/03/04 were denied as "N – 150 – Pymnt adj because the payer deems the info submitted does not support this level of service, additional documentation required to substantiate procedure and/or charged amount". Review of clinical notes submitted by the Requestor reveals no clinical notes were submitted to support the level of service billed. Therefore, per Rule 134.202(b) 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.

Decision by:

Marguerite Foster

January 27, 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.