



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.: M4-05-6958-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: West Texas Educational Insurance C/o Cunningham Lindsey US, Inc. Box #: 11	Date of Injury:
	Employer's Name: Saint Jo ISD
	Insurance Carrier's No.: WTED010851

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...Services provided were medically necessary. We have not received an explanation of benefits for the above mentioned claim and it was submitted in accordance with TWCC guidelines via regular mail. Our facility contract the carrier via fax in an attempt to receive explanation of benefits. Finally we faxed a letter as the third attempt to collect an explanation of benefit without success..."

Principle Documentation:

1. Requestor's position summary
2. TWCC-60/Table of Dispute Services
3. CMS 1500's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...Our records indicate we have not received any billings for the dates of service in dispute. The MDR is our first receipt of these billings and after review, the submitted charges are beyond the filing deadline. According to TWCC Rule 134.801(c), 'A health care provider shall not submit a medical bill later than the first day of the eleventh month after the date the services were provided.' The documentation provided by the requestor includes a fax confirmation for a fax that was sent to us on 05/02/05. Attached is a copy of this fax which also did not contain any billings. Therefore, as we have not received any billings within the mandated timeframe, we do not feel any further review is warranted..."

Principle Documentation:

1. Respondent's position summary
2. TWCC-60/Table of Disputed Services
3. Fax's

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
05/03/04	90801 – Psychiatric Diagnostic Interview 90889 – Preparation of Report	1	\$0.00
06/02/04	96151 – Health & Behavior Assessment	1	\$0.00
TOTAL DUE			\$0.00

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, sets out reimbursement guidelines.

1. The Requestor did not submit any EOBs indicating they have not received EOBs for the claim. The Respondent states in their response to Medical Dispute Resolution that they have never received any billings for the disputed dates of service. Per Rules 134.800 and 133.304(k) the Requestor has not submitted convincing evidence that the original billing or request for reconsideration was submitted to the Respondent

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 not** entitled to reimbursement.

Decision by:

Marguerite Foster

February 17, 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.