



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.: M4-05-9093-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Zurich American Insurance Co. C/o Flahive, Ogden & Latson Box: 19	Date of Injury:
	Employer's Name: Westtower Communications, Inc.
	Insurance Carrier's No.: 2230108310

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...The disputed healthcare in question is listed in PART V of the filed TWCC-60... The carrier has failed to process the claim for reimbursement within the required time. Our facility has attempted several times to receive an explanation of benefits without success. The services in question are medically necessary. The carrier is required under TWCC guidelines to process a claim no later than 45 days after receipt. The documentation clearly establishes the carrier's misinterpretation of fee guidelines and reimbursement policies."

- Principle Documentation: 1. DWC 60 package
 2. CMS 1500's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...the RFR, insufficient as it was, was not even submitted until 5/19/05. The provider then filed its TWCC-60 on 5/31/05. The provider has failed to submit the "request for reconsideration" medical billings (HCFA and/or CMS 1500 forms) in strict accordance with TWCC Rule 133.304(k)-(m)..."

- Principle Documentation: 1. DWC-60 response

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)
06/03/04, 06/10/04, 06/25/04	No EOB	90882	1, 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 Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

1. This dispute relates to procedure 90882 (environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions). Neither party submitted EOBs; therefore, the disputed CPT Code will be reviewed in accordance with the 2002 Medical Fee Guideline.
2. CPT Code 90882 for dates of service 06/03/0, 06/10/04, and 06/25/04. According to the submitted DWC-60, the Requestor submitted the first billing on July 15, 2004 and the request for reconsideration on May 19, 2005. The Requestor's request for medical dispute resolution was received at the Division of Workers' Compensation on May 31, 2005. Per Rule 133.304(m) the request was submitted prematurely; therefore, reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202
28 Texas Administrative Code Sec. §133.304(m)

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

September 21, 2006

Authorized Signature

Typed Name

Date of Decision

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.