



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: Active Behavioral Health 2500 West Freeway # 200 Fort Worth, Texas 76102	MDR Tracking No.: M4-05-9096-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Hurst Euless Bedford ISD Rep Box # 03	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: WC0343001075

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: DWC-60 package, CMS 1500s, medical documentation, copy of preauthorization and explanations of benefits
 Position Summary: 1. Followed fee guidelines
 2. Services preauthorized

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: Response to DWC-60 package.
 Position Summary: None submitted by Respondent

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)
06-11-04 and 06-18-04	F	90901	1	\$0.00
TOTAL DUE				\$0.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

- Carrier denied for "F" (Fee guideline MAR reduction). Payment has been made in the amount of \$241.38. One hundred and eighty (180) minutes or 3 units were billed for each date of service in dispute. Per the CPT Assistant, June 1999, Volume 9, Issue 6, page 7 code 90901 should be used once to identify all modalities of biofeedback training performed for that date of service, regardless of time increments and number of modalities performed. The service is not payable in multiple units. No additional reimbursement is recommended.

Dates of service 05-14-04 and 06-04-04 listed on the table of disputed services per Rule 133.308(e)(1) were not timely filed and will not be a part of the review.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. § 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
CPT Assistant, June 1999, Volume 9, Issue 6, page 7

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.

Findings and Decision by:

11-08-05

Authorized Signature

Date of Findings and 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.