



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.: M4-05-9141-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Co. Rep Box #: 54	Date of Injury:
	Employer's Name: Greentree Transportation, Inc.
	Insurance Carrier's No.: 99B0000283630

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...The carrier has failed to reimburse according to fee guidelines for the service performed. The carrier reduced reimbursement using rationale 'reduced per contractual agreement.' We disagree with the carrier's rationale as our facility has NO contract with the carrier in question..."

Principle Documentation:

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...This carrier contracted Humerto Davila by phone. Mr. Davila agreed reimbursement for date of service 06/07/04 would resolve the entire dispute. This carrier faxed the settlement agreement to the requester but received no response... This carrier made the agreed upon reimbursement..."

Principle Documentation:

1. Respondent's position summary
2. EOB

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)
06/07/04	C	97799-CP – CPM Program	1	\$00.00
06/08/04	A, 03	97799-CP – CPM Program	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. CPT Code 97799-CP for date of service 06/07/04. The Requestor billed the Respondent \$600.00 and received payment in the amount of \$540.00 with the payment exception code "C". The Requestor stated they do not have a contract with First Health or one of their other sub-network affiliates. As noted in their position summary, the Respondent then made an additional payment with check number 09649503 in the amount of \$60.00. Therefore, MDR has determined that this date of service is not longer in dispute and will not be reviewed further.
2. CPT Code 97799-CP for date of service 06/08/04 denied as "A, 03 – The procedure requires prior authorization." Per Rule 134.600(h)(10) the Chronic Pain Management Program requires preauthorization. Per Rule 133.307(g)(3)(B) the Requestor shall submit with the additional documentation a copy of any pertinent medical records or other documents relevant to the fee dispute. The Requestor

did not submit a copy of the preauthorization approval; therefore MDR is unable to determine if the 06/08/04 date of service was preauthorized and reimbursement cannot be 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. §133.307(g)(3)(B)

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

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.