



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestors Name and Address: Active Behavioral Health 2500 W. Freeway, #200 Fort Worth, Texas 76102	MDR Tracking No.: M4-05-9827-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Albertson's, Inc. C/o Flahive Ogden & Latson Rep Box # 19	Date of Injury:
	Employer's Name: Albertson's, Inc.
	Insurance Carrier's No.: 00002477

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's Position Summary states in part, "Provider sent a request for reconsideration on May 11, 2005. Proof that carrier received request is also included. Carrier chose not to respond within 28 day time frame rule. TWCC Rule 133.307(j)(2) says only the reason brought up by carrier can be heard at MDR. SOAH decisions say if the carrier doesn't care to respond then they lose their opportunity to put in a reason. If no reason is put in by carrier as to the denial the commission puts it as a "F". All Fee guidelines have been followed...TWCC Rule 133.304(c) states, 'At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instruction, and shall provide sufficient explanation to allow the sender to understand the reasons for the insurance carrier's actions. A generic statement that simply states a conclusion such as 'not sufficiently documented' or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.' Carrier has failed to follow this rule DOS 8/3/04: No EOB's Received for preauthorized services..."

- Principle Documentation:
1. DWC 60 package
  2. CMS 1500s
  3. Preauthorization Approval Letter
  4. Medical Records

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's Position Summary states in part, "...This case involved DOS 08/03/04 with a total amount in dispute of \$373.98. The provider failed to show that self-insured ever received its original bill as it was sent to the wrong TPA, Gates McDonald rather than SRS. Also, self-insured moves to dismiss the provider's request because a provider must make a timely and valid request for reconsideration before requesting medical dispute resolution..."

- 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)
08/03/04	No EOBs	90806 X 1 unit (Individual Psychotherapy)	1	\$00.00
08/03/04	No EOBs	90889 X 2 units (Report Preparation)	2	\$00.00
08/03/04	No EOBs	90901 X 18 units (Biofeedback Training)	3	\$50.29
<b>TOTAL DUE</b>				\$50.29

**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.

The Respondent’s preauthorization approval letter, authorization # 1255017, preauthorization was approved on 06/01/04 for biofeedback (3 modalities), 1 X Week X 6 weeks with a start date of 05/26/04 and an end date of 08/27/04.

The Requestor did submit convincing evidence of carrier receipt for “Request for Reconsideration EOBs” in accordance with 133.307(e)(2)(B). The Respondent did not provide a reconsideration response per Rule 133.304.

Neither the Requestor nor the Respondent provided copies of initial or reconsideration EOBs, therefore, the disputed services will be reviewed in accordance with the 2002 Medical Fee Guideline.

1. This dispute relates to CPT code 90806 for date of service 08/03/04. Per 134.202, CPT code 90806 is considered a bundled code to CPT code 90901 and therefore not separately eligible for reimbursement. Therefore, reimbursement is not recommended.
2. This dispute relates to CPT code 90889 X 2 for date of service 08/03/04. Per 134.202(b), this CPT code is considered a bundled code and therefore not separately eligible for reimbursement, therefore, reimbursement is not recommended.
3. This dispute relates to CPT code 90901 X 18 units for date of service 08/03/04. According to the 2002 Medical Fee Guideline, this is not considered a timed code. Per 134.202(b), reimbursement in the amount of \$50.29 (\$40.23 X 125% per unit) is recommended.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

- 28 Texas Administrative Code Sec. §413.011(a-d)
- 28 Texas Administrative Code Sec. §134.1
- 28 Texas Administrative Code Sec. §134.202
- 28 Texas Administrative Code Sec. §134.600

**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 entitled to reimbursement in the amount of \$50.29 plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

		11/06/06
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.**