



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:	MDR Tracking No.: M4-05-A879-01
Active Behavioral Health 2420 E Randoll Mill Rd. Arlington, TX 76011	Claim No.:
	Injured Employee's Name:
Respondent's Name: Zurich American Insurance Co. Rep Box 19	Date of Injury:
	Employer's Name: La Quinta Corp.
	Insurance Carrier's No.: 000809000914WC01

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...Provider sent a request for reconsideration on June 22, 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 has been followed..."

Principle Documentation: 1. DWC 60 package
2. CMS 1500

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...Carrier maintains that it has not received the bills in question. Provider has failed to submit evidence that the original bill was sent/received. The date of service was 10/01/04 but the green card that is claimed to pertain to the request for reconsideration is dated 06/22/05..."

Principle Documentation: 1. Response to DWC 60

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)
10-01-04	NO EOB	90801	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 90801 (Psychiatric diagnostic interview examination) for DOS 10-01-04.
2. Neither the Requestor nor the Respondent submitted EOB's. Per Rule 133.307(e)(2)(B), the Requestor did not submit convincing evidence of carrier receipt of the provider request for an EOB. Per rule 133.307(g)(3)(A) the Requestor did not provide convincing evidence of carrier receipt of their request for a reconsideration, therefore, dispute additional reimbursement cannot be recommended as dispute is premature for MDR.

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. §133.307

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.

Ordered by:

Patricia Rodriguez

09-19-06

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.