



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: Health Care Provider Injured Employee Insurance Carrier

Requestor's Name and Address:

Active Behavioral Health
2420 E Randol Mill Rd
Arlington TX 76011

Respondent's Name and Address:

c/o Harris & Harris Box 42

MDR Tracking No.: M5-06-1526-01

Prev MDR Tracking No.: M5-04-4244-01

Claim No.:

Injured Worker's Name:

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: DWC-60 package.

Requestor's position statement: Preauthorized/treated compensable area.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: DWC-60 response.

Respondent's position statement: None submitted.

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)
1-8-04 to 2-17-04	V	90806 \$124.80 x 6 days =	1,2	\$748.80
		90901 \$53.06 x 6 days =	1,2	\$318.36
3-17-04 to 5-3-04		97799-CP 8 hrs/day x 19 days x \$100.00/hr =	1,3	\$15200.00
		97799-CP 7 hrs/day x 1 day x \$100.00/hr =	1,3	\$700.00
11-19-03	90801 denied as "V": Withdrawn by requestor on 4-25-06	-	-	
TOTAL DUE				\$16967.16

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

1. A review of the CCH decision revealed that the compensable injury does not extend to or include reflex sympathetic dystrophy/complex regional pain syndrome. The requestor did not bill these diagnoses; therefore compensability/extent is not an issue in this medical dispute.

2. On 12-31-03, the carrier issued preauthorization approval letter (#536702 F 1) for individual psychotherapy 90806 and biofeedback 90901 once a week for six weeks. From 1-8-04 to 2-17-04, requestor provided these services and the carrier denied as unnecessary medical treatment. Per Rule 133.301(a), an insurance carrier cannot retrospectively deny a medical bill for treatment or services for which the healthcare provider has obtained preauthorization under rule 134.600(h). Recommend reimbursement per Rule 134.202 (5)(A) & (E). A Compliance & Regulation referral will be made against the carrier for inappropriate denial.

3. On 3-11-04, the carrier issued preauthorization approval letter (#539290 F 1) for chronic pain management program 97799-CP for two weeks or ten sessions. From 3-17-04 to 4-1-04, requestor provided these services and the carrier denied as unnecessary medical treatment. On 4-8-04, the carrier issued a preauthorization approval letter (#541452 F 0) for additional chronic pain management program five times a week for two weeks or ten sessions. From 4-14-04 to 5-3-04,

requestor provided the additional sessions and the carrier denied as unnecessary medical treatment. Per Rule 133.301(a), an insurance carrier cannot retrospectively deny a medical bill for treatment or services for which the healthcare provider has obtained preauthorization under rule 134.600(h); therefore, recommend reimbursement. A Compliance & Regulation referral will be made against the carrier for inappropriate denial.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. § 413.011(a-d)
28 Texas Administrative Code Sec. §134.1, 134.600(h), 134.202, 133.301(a)

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 additional reimbursement **in the amount of \$16,967.16** plus all accrued interest due at the time of payment to the Requestor within 30 days receipt of this Order.

Findings & Decision by:

Medical Dispute Resolution Officer

6-22-06

Authorized Signature

Typed Name

Date

Ordered by:

, Director

6-22-06

Medical Dispute Resolution

Authorized Signature

Typed Name

Date

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.