

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-4-03. The disputed dates of service 4-9-02 through 8-1-02 are untimely and ineligible for review per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received the medical dispute on 8-4-03.

I. DISPUTE

Whether there should be reimbursement for 90906, 90915, 90880, and 90904 billed on 8-5-02 and denied as “U – unnecessary medical treatment and or services.”

II. RATIONALE

On 10-28-03, a Notice was issued stating that the Division determined that the issues in dispute are related to reimbursement based on fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor’s receipt of the Notice.

On 7-30-02, carrier issued a preauthorization approval letter (#CB211976A) for “biofeedback and hypnotherapy. On 8-5-02, 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). Relevant information does not support delivery of services; therefore, no reimbursement recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 90906, 90915, 90880, and 90904.

The above Findings and Decision are hereby issued this 6th day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division