



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Dr. Tommy Overman 6161 Harry Hines, Blvd. Ste. 105 Dallas, Texas 75235	MFDR Tracking #: M4-05-1297-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: Royal Indemnity Company c/o Cunningham Lindsey US, Inc. Box #11	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary states in part "...I have received partial payment but I have not received reimbursement for the outpatient psychotherapy...the preauthorization letter that shows they authorized the psychotherapy and the biofeedback together but for some reason they are calling it unbundling...The preauthorization letter shows the code 90806 for the psychotherapy, we billed 90804 because it was less time & a less charge for the same services so this should not be a problem either..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: The Respondent did not submit a position statement..

Principle Documentation:

1. Copy of the Requestor's DWC 60 packet

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
11/11/03, 11/14/2003	No EOB's	90804 x 2 units	1,2,3	\$0.00
11/18/03, 11/20/03, 12/2/2003	G,U, Y(NC)	90804 x 3 units	2,3	\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

Per Box 32 of the form CMS-1500 services were performed in Dallas County zip code 75235.

These services were denied by the Respondent with reason codes “U-Unnecessary Treatment (Without Peer Review)” “Y(NC)-A service has been billed for which a payment is not allowed under the fee schedule. The service is either no covered or the service is not recognized as a valid service.” “G-Unbundling” “O-Denial After Reconsideration”.

1. Neither party provided EOB’s for these services. The Requestor submitted convincing evidence of carrier receipt for request for EOB’s in accordance with 133.307 (e)(2)(B). These services will be reviewed in accordance with Rule 134.202.
2. Pre-authorization was given for CPT code 90806 which is defined as Individual psychotherapy, approximately 45-50 minutes face to face with the patient. The Requestor billed for CPT code 90804 which is defined as Individual psychotherapy, approximately 20-30 minutes face to face with the patient. The Respondent did not deny services based on the change of CPT code. CPT codes 90804 and 90806 are both considered component procedures of 90901.
3. Per Rule 134.202(b) CPT code 90804 is considered a component procedure of CPT code 90901 billed on the same date of service and is not reimbursable. Reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §133.307, §134.1, §134.202

PART VII: DIVISION DECISION

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 for the services involved in this dispute.

DECISION:

07/02/07

Authorized Signature

Medical Fee Dispute Resolution
Officer

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.