



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Texas Health 5445 La Sierra Dr., #204 Dallas, TX 75231	MDR Tracking No.: M4-05-3091-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Travelers Casualty & Surety Co. C/o The Travelers Companies Rep Box #: 05	Date of Injury:
	Employer's Name: Siemens Corporation
	Insurance Carrier's No.: 039CBAVV5764

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

The Requestor's position summary states in part, "...The unpaid claim was for CPT Code 90880. The claim was denied and per EOB 'Hypnotherapy requires preauthorization.' CPT Code 90880 does not require preauthorization, it does not fall under TWCC Rule 134.600(h). Hypnotherapy is a technique used for relaxation training and pain control..."

Principle Documentation:

1. Requestor's position statement
2. CMS-1500
3. EOB

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

The Respondent did not respond to the dispute.

Principle Documentation: 1. EOB

### 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)
08/23/2004	A	90880 - Hypnotherapy	1	\$00.00

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

1. According to the AMA CPT codebook, 2004 edition, CPT code 90880 – Hypnotherapy is identified under Other Psychiatric Services or Procedures and considered a psychological service. Per Rule 134.600(h)(4) hypnotherapy requires preauthorization; therefore, reimbursement is not recommended.

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

28 Texas Administrative Code Sec. § 413.011(a-d)  
28 Texas Administrative Code Sec. § 134.600(h)(4)

### 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.

Decision by:

Marguerite Foster

November 18, 2005

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.**