



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: Behavioral Healthcare Associates 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-4758-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Birdville ISD C/o Barron Risk Mgmt Service, Inc. Rep Box #: 03	Date of Injury:
	Employer's Name: Birdville I.S.D.
	Insurance Carrier's No.: WC0273500259

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...Carrier has incorrectly reduced the TWCC fee guideline amount for procedure code 90876 from \$144.11 for Tarrant County Texas to \$97.66. Carrier does not have the authority to reduce the maximum allowable reimbursement amount set by TWCC. Carrier must pay the remaining balance..."

Principle Documentation:

1. Requestor's position summary
2. TWCC-60/Table of Disputed Service
3. CMS-1500
4. EOB

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a position summary; however, on the Table of Disputed services submitted with the initial response they state, 'A review of the eobs reveals no PPN discounts. CPT 90876 is classified as a non-covered code by CMS & there is no fee schedule amount assigned to it. Therefore, the provider's claim that they weren't paid fairly or according to the fee schedule is inaccurate. It is unclear where they came up with 144.1. Fair & reasonable paid per our re-pricing company software from Fair Isaacs.'

Principle Documentation:

1. TWCC-60/Table of Disputed Services

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)
03/02/04 & 03/04/04	M	90876 - Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes	1	\$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 Commission Rule 134.202 titled Medical Fee Guideline effective August 1, 2003, set out reimbursement guidelines.

1. CPT Code 90876 for dates of service 03/02/04 and 03/04/04. The Requestor listed \$144.11 as the MFG MAR amount to be paid and the Respondent submitted payment of \$97.66 per each date of service. According to Rule 134.202(c)(6) for services for which CMS or the Division does not establish a relative value unit and/or a payment

amount the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published Division medical dispute decisions, and values assigned for services involving similar work and resource commitments. The Respondent established their fair and reasonable reimbursement. 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. §134.201
28 Texas Administrative Code Sec. §134.202

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 additional reimbursement.

Decision by:

Marguerite Foster

March 2, 2006

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.