



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: Behavior Healthcare Associates 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-5306-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: JC Penney Corp., Inc. C/o Flahive, Ogden & Latson Rep Box #: 19	Date of Injury:
	Employer's Name: JC Penney Corp., Inc.
	Insurance Carrier's No.: 949506131

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...Carrier has reduced reimbursement for procedure 90876 under maximum allowable reimbursements (MAR) established by the commission. Behavioral Health Associates has no agreement with the carrier to reimburse at a contracted rate. The carrier has no reasonable rationale for reducing reimbursement..."

Principle Documentation:

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "... We have corrected the procedure code on dos 4/20/04, which resulted in an additional payment of \$7.21. The remaining balance being sought by the requestor is for what they say is the difference between our reimbursement and the MAR for code 90876. This is actually a noncovered service under Medicare and there is no assigned value in the Trailblazers website. The procedure was accepted as medically necessary due to the preauthorization that was provided for both psychiatric and biofeedback treatments. Reimbursement was made at a usual and customary rate as there were no TWCC assigned values..."

Principle Documentation:

1. Respondent's position summary
2. TWCC 60/Table of Disputed Services
3. EOBs

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)
03/30/04, 04/20/04, 06/10/04 & 06/25/04	F, Z560	90876 – Individual psychophysiological therapy incorporating biofeedback training by any modality	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 03/30/04, 04/20/04, 06/10/04 and 06/25/04. The Carrier made an additional payment with check reference 80715395 on 04/06/05 in the amount of \$7.21. This code does not have a MAR and is non-covered by Medicare. Per Rule 134.202(c)(6) for products and 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. Per Rule 133.307(g)(3)(D) the requestor did not submit documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement. Therefore, additional 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
28 Texas Administrative Code Sec. §133.307(g)(3)(D)

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

January 27, 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.