



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.: M4-05-8340-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:
TASB Risk Management Fund
Rep Box #: 12

Date of Injury:

Employer's Name: Joshua ISD

Insurance Carrier's No.: 0250011001785493

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...Carrier has reduced reimbursement for procedure 90806 (psychotherapy) and 90876 (biofeedback). The rationale used by the carrier is 'Fee Guideline reduction.' We disagree with the carrier's rationale as the carrier paid below the established MAR for the services in question..."

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 did not submit a position summary; however, the Respondent's rationale on the Table of Disputed Services states, "Carrier allowed non-facility MAR for procedure 90806 of \$121.18. Payment will be issued..."

Principle Documentation:

1. Respondent's Response to TWCC 60/Table of Disputed Services
2. EOBs
3. Payment Screens

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)
05/25/04	F	90806 – Psychotherapy	1	\$00.00
05/25/04	M	90876 – Biofeedback	2	\$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 90806 for date of service 05/25/04. The Carrier issued payment with check number 1306895 on 7/28/04 in the amount of \$121.18. According to the CMS-1500 billed the Requestor used "62" in box 24B which indicates the injured worker received treatment in a facility. The Carrier re-reviewed the bill upon receipt of the request for Medical Dispute Resolution filed by the Requestor and issued payment of \$4.58, check number 1461753. Therefore, the Carrier has made appropriate payment and additional reimbursement cannot be recommended.

2. CPT Code 90876 for date of service 05/25/04. The Carrier issued payment with check number 1306895 on 7/28/04 in the amount of \$107.00. This codes 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.