



## 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 P.O. Box 600324 Dallas, TX 75360	MDR Tracking No.: M4-05-9174-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Home Assurance C/o F, O, & L Rep Box #: 19	Date of Injury:
	Employer's Name: AMR Corp.
	Insurance Carrier's No.: YBUC 59268

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

The Requestor's position summary states in part, "...CPT Code 90806 was pre-authorized and was provided as a separate procedure for the date of service listed. This charge should be paid according to the TWCC Medical Fee Guideline... We believe CPT Code 90901 is paid at an unreasonable rate. Three modalities of biofeedback were pre-authorized and 3 modalities were performed concurrently with the allotted hour..."

Principle Documentation:

1. Requestor's position statement
2. EOBs
3. CMS-1500
4. Clinical notes and Assessment

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

The Respondent did not submit a position summary; however, the Respondent's rationale

### 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)
06/01/04, 06/16/04 & 07/21/04	F	90901 - Biofeedback	1	\$00.00
06/10/04, 06/16/04	F	90806 – Individual Psychotherapy	2	\$00.00
<b>TOTAL DUE</b>				<b>\$00.00</b>

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

1. The Respondent denied CPT Code 90901 using payment exception code "F – If reduction, then processed according to the Texas Fee Guidelines." According to the 2002 Medical Fee Guideline and Medicare/AMA this code is no longer considered a timed code. The Respondent paid the Requestor \$53.06 for each date of service, which according to the Medicare Fee Schedule and the added 125% is the correct reimbursement. Therefore, additional reimbursement is not recommended.
2. The Respondent denied CPT Code 90806 using payment exception code "F – The services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed." According to the CMS CCI edits CPT Code 90806 is considered to be a component procedure of both CPT Codes 90880 and 90901, which were billed on the same dates of service. Separate payment made for this service may be considered justifiable if a modifier is used appropriately. The Requestor did not use a modifier when billing this code. Therefore, per §134.202(b) and (c) 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. § 134.202

**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 reimbursement.

Decision by:

Marguerite Foster

November 22, 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.**