



## 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: Behavioral Healthcare Associates 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-9515-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Clarendon National Insurance Co. C/o Downs-Stanford, PC Rep Box #: 17	Date of Injury:
	Employer's Name: Aire Care Metro Energy Savers
	Insurance Carrier's No.: 019564

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

The Requestor did not submit a position summary; however the Requestor's Rationale located on the Table of Disputed Services states that carrier did not pay according to fee guidelines.

Principle Documentation:

1. Requestor's Rationale
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, "...This medical dispute involves only CPT code 90876, individual therapy performed by the Requestor. The Requestor billed \$165.00 for this service. However, according to the 1996 Medical Fee Guidelines and Medicare Fee Schedule, there is no record of the CPT code. As it does not have a fee guideline, the Carrier has paid at a fair and reasonable rate for the service performed..."

Principle Documentation:

1. Respondent's position summary
2. 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)
06/14/04, 06/29/04, 07/01/04, 07/13/04, 07/15/04, 07/20/04, 07/28/04, 08/07/04, 08/12/04	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	\$0.00
<b>TOTAL DUE</b>				<b>\$0.00</b>

### 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 listed above. The Respondent reimbursed the Requestor \$131.76 for dates of service 06/14/04 through 07/28/04 and \$139.05 for dates of service 08/07/04 and 08/12/04; according to

§134.202(c)(6) for services for which CMS or the Division does not establish a relative value unit or payment amount the carrier shall assign a relative value. The Requestor has not submitted convincing evidence to dispute the amount assigned by the Carrier. 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

**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

February 24, 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.**