



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Glenn J. Bricken, Psy.D. 25810 Oakridge Drive The Woodlands, Texas 77380	MDR Tracking #:	M4-05-A656-01
	Claim #:	
	Injured Employee:	
Respondent's Name and Box #: Travelers Indemnity Company of America Box #05	Date of Injury:	
	Employer's Name:	Alpine Lumbar Sales, Inc.
	Insurance Carrier's #:	478CBAUF1607

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...the "Rules" are an adaptive form of the Medicare guidelines...This would not be a useful tool without the amount of time in our biofeedback sessions (fifty-five minutes), multiple measurements used to determine the benefit of the course (4 measurements) and continuous comprehensive oversight by our psychologist...The reimbursement should reflect the nature of the treatment."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. Medical Reports

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit response/position summary.

Principle Documentation: 1. None submitted by Respondent.

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)
07/29/2004 08/18/2004	F	90901	1-4	\$0.00
TOTAL DUE				\$0.00

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

Section 413.011(a-d) titled *Guidelines and Medical Policies*, and Division Rule 134.202 titled *Medical Fee Guideline* effective August 1, 2003, sets out reimbursement guidelines.

1. This dispute relates to procedure/service that was billed under CPT code 90901 for DOS 05/25/2004, 06/08/2004, 06/18/2004, 06/25/2004, 06/28/2004, 07/22/2004, 07/29/2004, 08/18/2004.

2. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 07/25/2005.

3. Based on Division Rule 133.307(d)(1-2), the only date(s) of service eligible for review is/are 07/29/2004 and 08/18/2004. Dates of service 05/25/2004, 06/08/2004, 06/18/2004, 06/25/2004, 06/28/2004 and 07/22/2004 were not timely received and therefore are not addressed in this decision.

4. CPT code 90901 is defined as Biofeedback training by any modality, which included training patients to control their autonomic or involuntary nervous system responses to regulate vital signs such as heart rate, blood pressure, temperature, and muscle tension. Monitors of various types are used to indicate body responses, which the patient learns to associate with related stimuli and also control in serial sessions. This code applies to any of several modalities of biofeedback training.

The Respondent denied reimbursement based upon “F—This procedure/service is reimbursed based on your state workers compensation medical fee schedule.” Two requests for reconsideration were submitted and each was denied based upon “F—This procedure/service is reimbursed based on your state workers compensation medical fee schedule.”

This is not a timed procedure. Per the CMS-1500, the zip code is 77380 which is located in Montgomery County. Per rule 134.202(c)(1), the MFG MAR for CPT code 90901 in Montgomery County is \$47.23. The Respondent paid \$47.23; therefore, no additional reimbursement is recommended.

Therefore, it is the conclusion of the Medical Dispute Resolution that additional reimbursement is not due the Requestor.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §133.307, §134.1 and §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:

05/17/2007

Authorized Signature

Medical Fee Dispute Resolution
Officer

Date

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.