



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: Texas Health P.O. Box 600324 Dallas, TX 75360	MDR Tracking No.: M4-05-B057-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Zurich American Insurance Co. C/o F, O, & L Rep Box #: 19	Date of Injury:
	Employer's Name: Lattimore Properties, Inc.
	Insurance Carrier's No.: A36460167600010164

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...CPT Code 90880 does not require pre-authorization per TWCC Rule 134.600. The Fee Guideline for this code is \$157.71 per unit. This procedure was deemed medically necessary due to symptomology presented by the patient. CPT Code 90901 was pre-authorized. We were approved for 3 modalities of biofeedback. We performed three modalities concurrent within one hour..."

Principle Documentation:

1. Position Summary
2. EOBs
3. CMS-1500
4. Clinical notes

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...In conclusion, the Requestor is owed no additional money for the services billed. It has been paid for the services that were preauthorized and appropriately documented..."

Principle Documentation:

1. Position Summary

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)
08/05/04, 08/31/04, 09/10/04, 09/15/04	F	90901 - Biofeedback	1	\$00.00
09/15/04	A, L26	90880 – Individual Psychotherapy	2	\$00.00
TOTAL DUE				\$00.00

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

1. The Respondent denied CPT Code 90901 using payment exception code "F – Fee Guideline MAR reduction." 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 90880 using payment exception code “A, L26 – Psychiatric/psychological therapy or testing must be preauthorized in accordance with TWCC Rule 134.600.” According to the AMA CPT codebook, 2004 edition, This code is identified under Other Psychiatric Services or Procedures and considered a psychological service. Therefore, per §134.600 reimbursement is not recommended.

Also, for educational purposes, according to CMS CCI edits CPT Code 90880 is considered to be a component procedure of CPT Code 90901. Separate payment for the services billed may be considered justifiable if a modifier is used appropriately.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. § 413.011(a-d)
28 Texas Administrative Code Sec. §134.600

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.