

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/22/03.

### I. DISPUTE

Whether there should be additional reimbursement for biofeedback by regulation of skin temperature - 90906 and other biofeedback - 90915 from 12/20/02 through 1/17/03.

### II. FINDINGS

On 10/23/03 the requestor withdrew all services denied on the basis of medical necessity. Although the service of 1/22/03 was included in the table of disputed services, it was denied by the carrier on the basis of medical necessity and will not be reviewed.

### III. RATIONALE

The biofeedback (90906) was denied on the basis of the Medical Fee Guideline "maximum procedures allowable have been exceeded". This service was preauthorized by the respondent to include two modalities. The requestor billed four modalities at 60 units per modality. Only 36 units were paid by the carrier on 12/20/02 and 12/27/02. Additional reimbursement is recommended.

The biofeedback (90915) of 12/20/02 and 12/27/02 was denied on the basis of "N- This is an unlisted procedure. Please resubmit with a more descriptive code." The biofeedback (90915) of 1/17/03 was denied "G – global to another procedure." CPT code 90915 has no MAR listed in the Medical Fee Guideline. Commission Rule 133.307 (g)(3)(D) states, " if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title (relating to Definitions) and §134.1 of this title (relating to Use of the Fee Guidelines);" The carrier requested documentation to further clarify the service rendered. The documentation reviewed reflects that no such attempt to furnish this information was done by the requestor. On this basis, additional reimbursement is not recommended.

### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 90906 in the amount of **\$168.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$168.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 07th day of January 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division  
NLB/nlb