

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 11/4/03.

I. DISPUTE

Whether there should be reimbursement for 90844, 90900 and 90862 from 2/24/03 through 4/2/03.

II. FINDINGS

All disputed services from 2/24/03 through 4/2/03 were denied by the carrier on the basis of lack of medical necessity. On 12/8/03 the requestor withdrew all services denied for lack of medical necessity with the exception of those services preauthorized prior to delivery of service. The preauthorized services from 2/24/03 through 4/2/03 will therefore be reviewed as a medical fee issue.

III. RATIONALE

Rule 134.600 (b)(1) states, "The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury... when...

- (B) preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care;"

Rule 134.600 (h) states, health care requiring preauthorization includes:..

- (4) all psychological testing and psychotherapy, repeat interviews, and biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program;

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2/24/03	90844	\$122.00	\$00.00	V	\$122.00	Rule 134.600 (b) (1) (h) (4)	The letter dated 2/18/03 gave preauthorization to this service. Once preauthorization is obtained medical necessity can not be questioned. Reimbursement of \$122.00 is recommended.
3/3/03	90900	\$180.00	\$00.00	V	\$2.00 per minute	Rule 134.600 (b) (1) (h) (4)	See above. However, the medical report submitted by the requestor did not establish that 1.5 hours of biofeedback had been delivered. Reimbursement is not recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3/4/03	90844	\$122.00	\$00.00	V	\$122.00	Rule 134.600 (b) (1) (h) (4)	The letter dated 2/18/03 gave preauthorization to this service. Once preauthorization is obtained medical necessity can not be questioned. Reimbursement of \$122.00 is recommended.
3/10/03	90844	\$122.00	\$00.00	V	\$122.00	See above.	See above. Reimbursement of \$122.00 is recommended.
3/17/03	90844	\$122.00	\$00.00	V	\$122.00	See above.	See above. Reimbursement of \$122.00 is recommended.
3/21/03	90844	\$122.00	\$00.00	V	\$122.00	See above.	See above. Reimbursement of \$122.00 is recommended.
3/24/03	90844	\$122.00	\$00.00	V	\$122.00	See above.	See above. Reimbursement of \$122.00 is recommended.
3/27/03	90844	\$122.00	\$00.00	V	\$122.00	See above.	See above. Reimbursement of \$122.00 is recommended.
4/2/03	90862	\$180.00	\$00.00	V	\$2.00 per minute.	See above.	See above. However, the medical report submitted did not support that 90 minutes of service had been delivered. Reimbursement is not recommended.
TOTALS							Reimbursement of \$854.00 is 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 90844, 90900 and 90862 in the amount of **\$854.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$854.00** 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 28th day of May, 2004.

Noel L. Beavers
 Medical Dispute Resolution Officer
 Medical Review Division

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