



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.: M4-05-3121-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Zurich Insurance Co. C/o F, O & L Rep Box #: 19	Date of Injury:
	Employer's Name: DAICO Supply Co.
	Insurance Carrier's No.: 2230105850

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...CPT Code 90806 and 90889 were not paid. These were denied as 'G=unbundling'. CPT Code 90806 is a separate procedure and it was preauthorized... In summary, it is our position that Zurich has established an unfair and unreasonable time frame in paying the services that were authorized and rendered..."

Principle Documentation:

1. Position Summary
2. Preauthorization approval
3. EOBs
4. CMS-1500
5. Clinical notes and Assessment

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...Carrier asserts that under applicable fee guidelines, no additional reimbursement is owed under CPT codes 90806 and 90899. Charges under those codes represent unbundled or duplicate charges. There are no applicable exceptions to CMS policies for these services..."

Principle Documentation:

1. Position Summary
2. EOB

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)
10/14/04	G	90806 – Individual Psychotherapy	1	\$00.00
10/14/04	G	90899 - Report	2	\$00.00
TOTAL DUE				\$00.00

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

1. According to the CMS CCI edits CPT Code 90806 is considered to be a component procedure of CPT Code 90901. Separate payment for this service may be considered justifiable if a modifier is used appropriately. The Requestor did not use a modifier when billing this code. Therefore, per §134.202(b) and (c) reimbursement is not recommended.
2. According to CMS, CPT Code 90899 is included in the primary procedure and not separately reimbursable. Therefore, per §134.202(b) and (c) 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. § 134.202

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 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.