



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Behavioral Healthcare Associates 4101 Greenbriar, Ste. 115 Houston, TX 77098	MDR Tracking No.: M4-05-5141-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: City of Dallas C/o Harris & Harris Box #: 42	Date of Injury:
	Employer's Name: City of Dallas
	Insurance Carrier's No.: 20032845

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...Carrier has denied procedure 90885/Review of Records due to 'Global/Bundling'. We find this rational to be incorrect 90885 is a review of medical records and is separate from psychological testing..."

Principle Documentation:

1. Requestor's position summary
2. HCFA 1500's
3. EOB's

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a position summary with the response.

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
03/19/04	90885 – Evaluation of Records	1	\$0.00
<b>TOTAL DUE</b>			<b>\$0.00</b>

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

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

1. CPT Code 90885 for date of service 06/08/04 denied as "G, 284 – No allowance was recommended as this procedure indicates a status "B". Per CMS CCI Edits Medicare has determined that this code is a Status B code (bundled). Medicare does not pay bundled codes; therefore, per Rule 134.202(b) reimbursement cannot be 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

February 17, 2006

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.**