



## 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:

BHCA PC

2450 Fondren, Ste. 312

Houston, TX 77063

MDR Tracking No.:

M4-05-6218-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

State Office of Risk Management

Rep Box #: 45

Date of Injury:

Employer's Name:

State of Texas

Insurance Carrier's No.:

WC1938026

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

The Requestor did not submit a position summary; however, the Requestor's Rationale on the Table of Disputed Services submitted with the TWCC-60 states, "Carrier initially denied 6/30/2004 based on code 'G90 – Unbundling (include in global)'. Charges were resubmitted to carrier 08/10/04 with request for reconsideration. Charges denied by carrier after reconsideration based upon denial code 'G90 – Unbundling (included in global)'. Review of Medicare and AMA CPT definition of CPT code 96152 does not indicate that the services provided are global to any other procedure. The carrier did not provide documentation to support their denial and did not indicate what other procedure this code is global to. Carrier pd identical charge submitted for DOS 4/14/2004."

Principle Documentation:

1. TWCC-60/Table of Disputed Services
2. Requestor's Rationale on Table of Disputed Services
3. CMS-1500
4. EOBs
5. Clinical notes

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

The Respondent did not submit a position summary; however, the Respondent's Rationale on the Table of Disputed Services submitted with the response to the TWCC-60 states, "The Office will maintain denial of services based on global per the correct coding policies and AMA CPT Coding Guidelines."

Principle Documentation:

1. Response to the TWCC-60

### 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)
04/07/04	G90	96152-59 - Health and behavior intervention	1	\$00.00
<b>TOTAL DUE</b>				<b>\$00.00</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, set out reimbursement guidelines.

1. CPT Code 96152-59 for date of service 04/07/04 was denied as "G90 – Unbundling (included in global)". According to CMS CCI Edits CPT Code 96152 is considered by Medicare to be a component procedure of CPT Code 90806 billed on the same day. There are no circumstances in which a modifier would be appropriate. Therefore, per §134.202(b) 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. §134.201  
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 additional reimbursement.

Decision by:

Marguerite Foster

January 27, 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.**