



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.: M4-05-6786-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Co. Box 54	Date of Injury:
	Employer's Name: Refinery Terminal Fire Co.
	Insurance Carrier's No.: 99E0000365456

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...CPT Code 90806 was pre-authorized and was provided as a separate procedure for the date of service listed... CPT Code 90880 does not require pre-authorization per TWCC Rule 134.600... CPT Code 90889 refers to the report charge. Every report submitted to the insurance carrier has to be written by the provider of the service..."

Principle Documentation:

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation: 1. EOB's

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
06/03/04	CPT Codes 90806, 90880 & 90889	1	\$0.00
TOTAL DUE			\$0.00

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.

The original dates of service for this particular dispute was 06/03/04 through 09/21/04; however, the Requestor has withdrawn dates of service 07/27/04 through 09/21/04 leaving date of service 06/03/04 as the only date to review.

This dispute relates to procedures 90806 (psychotherapy), 90880 (hypnotherapy) and 90889 (preparation of report). CPT Code 90806 was denied as "ZC – A service has been billed which is mutually exclusive of the other service or services on the same date; CPT Code 90880 was denied as "A – The treatment rendered exceeds the preauthorized treatment requested and/or approved; and CPT Code 90889 was denied as "G – Reimbursement for this procedure is included in the basic allowance for another procedure."

1. According to Medicare Correct Coding Initiative (CCI) edits CPT Code 90806 is a component procedure to CPT Code 90880 and is not paid separately. CPT Code 90880 is a code that is included in psychiatric services and does require preauthorization. Preauthorization was not obtained; therefore, reimbursement is not recommended. CPT Code 90889 is included in the psych services and not separately reimbursable. Therefore, reimbursement for this date of service is not recommended.

Therefore it is the conclusion of the Medical Review Division that reimbursement is not recommended for this date of service.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 413.011(a-d)
28 Texas Administrative Code Sec. 134.202
28 Texas Administrative Code Sec. 134.600

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

January 5, 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.