



## 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.: M4-05-9378-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Zurich Insurance Co. C/o Flahive, Ogden & Latson Rep Box #: 19	Date of Injury: Employer's Name: Covenant Health Systems Insurance Carrier's No.: 2230104538

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

The Requestor's position summary states in part, "...The carrier has denied procedures 90885 and 90889 as 'global' to 90801. We disagree with the carrier's rationale as the service is NOT included in 90801. 90801 does NOT include report writing and therefore, must be billed separately. 90885 is not bundled into any other services billed on the same day..."

Principle Documentation:

1. Requestor's position summary
2. TWCC-60/Table of Disputed Services
3. CMS-1500
4. EOB

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

The Respondent's position summary states in part, "...This case involve DOS 06/11/04, with a total amount in dispute of \$145.99. Carrier denied payment because the provider incorrectly unbundled the billed services..."

Principle Documentation:

1. Respondent's position summary
2. TWCC-60/Table of Disputed Services

### 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)
06/11/04	G	90885 – Evaluation of Records 90889 – Preparation of Report	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 Codes 90885 and 90889 for date of service 06/11/04 denied as "G – Unbundling." According to CMS CCI edits these codes are considered bundled codes and are never separately reimbursable. 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. §134.201  
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

March 2, 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.**