



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.: M4-05-9746-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Zurich American Insurance Co. C/o Flahive, Ogden & Latson Rep Box #: 19	Date of Injury:
	Employer's Name: HC Beck, Ltd
	Insurance Carrier's No.: 2720019199

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...It is our position that by finding FOR the provider on the submission of CPT Code 90889 in the cases outlined above, that precedence is being set by TWCC to allow this code separate and apart from CPT Code 90801..."

Principle Documentation:

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...The carrier submits that CPT Code 90899 identifies a service that is global to the primary billed service (CPT Code 90801) for the same date of service. Accordingly, no additional reimbursement is due..."

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)
06/14/04	Allowance is bundled into another service	90889 – Preparation of Report	1	\$00.00
TOTAL DUE				\$00.00

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, set out reimbursement guidelines.

1. CPT Code 90889 for date of service 06/14/04 denied as "Allowance is bundled into another service." According to Medicare this code is considered a Status B – Bundled code and not separately payable. Should the Requestor submit a narrative report as a consultant as allowed per Rule 133.104, Requestor should bill using the correct code. Per Rule 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
28 Texas Administrative Code Sec. §133.104

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

March 3, 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.