



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: Hill Country Behavioral Health 5445 La Sierra Drive, Suite 204 Dallas, TX 75231	MDR Tracking No.: M4-05-9960-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Rep Box # 54	Date of Injury:
	Employer's Name: Saint Mary's Hall Inc.
	Insurance Carrier's No.: 99D0000356038

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor states that the carrier has reduced payment for the claims.
 Principle Documentation:

1. Requestor's position statement
2. TWCC-60
3. EOB's
4. CMS-1500

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The respondent states that the requestor has provided no information to support reimbursement.
 Principle Documentation: 1. TWCC-60 Response

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)
01/31/05	97	90806	1	\$00.00
01/31/05	284	90889	2	\$00.00
01/31/05	790	90880	3	\$00.00
02/28/02	97	90806	4	\$00.00
02/28/05	284	90889	5	\$00.00
02/28/05	284	90880	6	\$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 90806 for date of service 01/31/05 denied with "97" (Payment included in the allowance for another procedure). Per Rule 134.202 (b) and CMS CCI Edits (Center For Medicare Service Correct Coding Initiative) this code is considered to be component procedure of another CPT code which was billed on the same date of service. Therefore reimbursement is not recommended.
2. CPT Code 90889 for date of service 01/31/05 denied with "284" (Status B bundled code). Per Rule 134.202(b) and CMS CCI Edits this code is considered to be a bundled code and is not eligible for reimbursement. Therefore reimbursement is not recommended.
3. CPT Code 90880 for date of service 01/31/05, insurance carrier paid per the Medicare fee schedule and is not in dispute.

4. CPT Code 90806 for date of service 02/28/05 denied with "97" (Payment included in the allowance for another procedure). Per Rule 134.202 (b) and CMS CCI Edits (Center For Medicare Service Correct Coding Initiative) this code is considered to be component procedure of another CPT code which was billed on the same date of service. Therefore reimbursement is not recommended.
5. CPT Code 90889 for date of service 02/28/05 denied with "284" (Status B bundled code). Per Rule 134.202(b) and CMS CCI Edits this code is considered to be a bundled code and is not eligible for reimbursement. Therefore reimbursement is not recommended
6. CPT Code 90880 for date of service 02/28/05, insurance carrier paid per the Medicare fee schedule and is not in dispute.

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 additional reimbursement.

Ordered by:

05/05/2006

 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.