



## 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: Texas Health P.O. Box 600324 Dallas, TX 75360	MDR Tracking No.: M4-05-A062-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Dallas County C/o Harris & Harris Box 42	Date of Injury:
	Employer's Name: Dallas County
	Insurance Carrier's No.: 10298

### 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. This charge should be paid according to the TWCC Medical Fee Guideline at \$124.80 per unit... CPT code 90880 does not require pre-authorization per TWCC Rule 134.600. The Fee Guideline for this code is \$157.71 per unit...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... This takes time and effort and should be reimbursed at a fair and reasonable rate... Procedures that are performed on the same day, but at a different time period are allowed by TWCC Guidelines **because** they are performed mutually exclusive of each other..."

Principle Documentation:

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

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

The Respondent did not submit a position summary with their response; however, the Respondent's rationale on the table of disputed services states in part, "This is not a timed code. The 193.40 was correct. MAR was reduced to 62.5% per Trailblazer local determination coverages for psych #V-15B-R2...Code not auth. Also, CCI edits does not allow both 90806 & 90880 on same date of service... Documenting the medical records is part of any treatment session and is global to code 90806..."

Principle Documentation:

1. TWCC-60
2. Table of Disputed Services

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
07/07/04	90801	1	\$0.00
08/12/04	90806, 90880 and 90889	2	204.51
08/23/04	90806 and 90889	3	\$45.20
09/03/04	90806 and 90889	3	\$45.20
<b>TOTAL DUE</b>			<b>\$294.91</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, sets out reimbursement guidelines.

This dispute relates to procedures 90801, 90806, 80880, and 90889 and were denied with payment exception codes "F" and "G".

1. Date of Service 07/07/04: According to §134.202(b) and (c)(1) CPT Code 90801 is not considered a timed code by

Medicare. The insurance carrier paid \$193.40, which is the correct payment. No additional reimbursement is recommended.

2. Date of Service 08/12/04: According to Medicare CPT Code 90889 (report preparation) is included in the psych sessions and not separately payable. According to Medicare Correct Coding Initiative (CCI) edits CPT Code 90806 is considered to be a component procedure of CPT Code 90880. The Carrier partially reimbursed CPT Code 90806 citing Local Coverage Determination (LCD) for psych V-15B-R2. In reading the LCD's for psychiatric services it is apparent that reduced payment is determined by the diagnosis code. The Requestor did not use a psych diagnosis code as the psychiatric problems the injured worker experienced is related to the compensable injury. The diagnosis code utilized by the Requestor is 727.00 - Synovitis and tenosynovitis, unspecified. Therefore, LCD coverage does not apply to this date of service. CPT Code 90880 was denied as "G2 - Unbundling (included in Global). According to Medicare CCI edits this is the procedure that should have been paid by the Carrier. The Carrier also noted in their rationale on the table of disputed services that "Code not auth". However, per Rule 133.307(j)(2) the Carrier shall not address new or additional denial reasons after the filing of a request. Per the Medicare Fee Schedule CPT Code 90806 MAR is \$124.80 (\$99.84 x 125%) and CPT Code 90880 MAR is 157.71 (\$126.17 x 125%). The Carrier made a partial payment of \$78.00 for CPT Code 90806 and paid \$0.00 for CPT Code 90880; therefore, additional reimbursement in the amount of \$79.71, (which is the difference between the MAR of CPT Code 90880 and the payment made by the Carrier (\$157.71 - \$78.00)) is recommended. Total reimbursement for this date of service is \$204.51

3. Dates of Service 08/23/04 and 09/03/04: The Carrier partially reimbursed CPT Code 90806 citing Local Coverage Determination (LCD) for psych V-15B-R2. In reading the LCD's for psychiatric services it is apparent that reduced payment is determined by the diagnosis code. The Requestor did not use a psych diagnosis code as the psychiatric problems the injured worker experienced is related to the compensable injury. The diagnosis code utilized by the Requestor is 727.00 - Synovitis and tenosynovitis, unspecified. Therefore, LCD coverage does not apply to these dates of service and should have been paid per the Medicare Fee Schedule plus 125%. Additional reimbursement of \$90.40, which is the amount the Requestor is seeking for both dates of service, is recommended. Additionally, CPT Code 90889 (report preparation) is included in the psych sessions and not separately payable according to Medicare.

Therefore it is the conclusion of the Medical Review Division that additional reimbursement in the amount of \$294.91 is due the requestor.

**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. 133.307

**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 entitled to additional reimbursement in the amount of **\$294.91**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

Marguerite Foster

December 30, 2005

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.**