



## 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-A161-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: St. Paul Mercury Insurance C/o Law Office of Patrick Groves Rep Box #: 05	Date of Injury:
	Employer's Name: Town Square
	Insurance Carrier's No.: WVA1206468 09W003

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

The Requestor's position summary states in part, "...The carrier has denied reimbursement for procedure 96152. The rationale used by the carrier is 'global/bundled.' We disagree with the carrier's rationale as the service in question was independently preauthorized to treat the patient's medical diagnosis. 96152 is NOT bundled into procedure 90806. 90806 treats the patient's secondary diagnosis, while procedure 96152 treats the patient's primary medical diagnosis..."

Principle Documentation:

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

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

The Respondent's position summary states, "TWCC-60: All bills paid. Copy of checks that have been cashed provided."

Principle Documentation:

1. Respondent's position summary
2. Copies of checks

### 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)
07/02/04, 07/14/04, 07/21/04, 07/28/04, 08/04/04, 08/25/04, 09/15/04, 09/22/04	G	CPT Code 96152 - Health and behavior intervention	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 Code 96152 for dates of service 07/02/04 – 09/22/04 (8 dates total) denied as "G – Unbundling". According to Center for Medicare Services CPT Code 96152 is considered to be a component procedure of CPT Code 90806. Furthermore, there are no circumstances in which a modifier would be appropriate. The services represented by the code combination will not be paid separately. Therefore, 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

**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

February 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.**