



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: Behavioral Healthcare Associates 4101 Greenbriar, Ste. 115 Houston, TX 77096	MDR Tracking No.: M4-05-A621-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Co. Rep Box #: 54	Date of Injury:
	Employer's Name: Senior Living Properties LLC
	Insurance Carrier's No.: 99A0000264593

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...The carrier has denied procedure 90885/90889 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. Review of records (90885) is not included in a clinical interview (90801). The carrier has reduced reimbursement for procedure 90801. The rationale used by carrier was 'reduced per fee guidelines. We disagree with the rationale as the carrier did not meet the established fee guideline...'"

Principle Documentation:

1. Requestor's position summary
2. CMS-1500
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...90801: Upon review, an additional 81 cents is due to the requester and will follow under separate cover. 90889 and 90885: It is this carrier's position that no reimbursement was due for codes 90885 and 90889 based on the bundled status assigned to codes 90885 and 90889... Medicare does not reimburse for code 90889 as it is a bundled code..."

Principle Documentation:

1. Respondent's position summary
2. EOBs

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)
07/20/04	F	90801 – Psy dx interview	1	\$00.00
07/20/04	G, AB	90885 – Evaluation of records	2	\$00.00
07/20/04	G, AB	90889 – Report preparation	3	\$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 96801 for date of service 05/13/04. The allowable reimbursement for this procedure under Medicare plus 125% is 193.40. Initially the Carrier incorrectly reimbursed the Requestor \$173.33. On February 7, 2005 the Carrier re-audited and paid an additional \$19.26 plus interest, leaving a balance of \$0.81, on August 3, 2005 the Carrier reviewed the procedure and issued payment in the amount of \$0.81. Therefore, per Rule 134.202(b), this procedure has now been paid correctly and no further reimbursement is due.

2. CPT Code 90885 for date of service 05/13/04 denied as “G, AB – The payment for this service is always bundled into payment for other services. Medicare CCI edits apply.” According to CMS CCI edits this CPT Code is considered a bundled code and not separately reimbursable. Per Rule 134.202(b) reimbursement is not recommended.

3. CPT Code 90889 for date of service 05/13/04 denied as “G, AB – The payment for this service is always bundled into payment for other services. Medicare CCI edits apply.” According to CMS CCI edits this CPT Code is considered a bundled code and not separately reimbursable. 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 additional reimbursement.

Decision by:

Marguerite Foster

January 27, 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.