



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Dr. Glenn J. Bricken 25810 Oak Ridge Drive The Woodlands, TX 77380	MDR Tracking #:	M4-05-A684-01
	Claim #:	
	Injured Employee's Name:	
Respondent's Name: TOMBALL ISD Box #: 01	Date of Injury:	
	Employer's Name:	TOMBALL ISD
	Insurance Carrier's #:	TOM06601

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "The services provided were not unbundled."

- Principle Documentation:
1. DWC 60 package
 2. CMS 1500's
 3. Medical Reports

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...the coding guidelines for Psychiatric Codes under Medicare indicate that reimbursement for CPT codes 90885 and 90887 is bundled into that of other services."

- Principle Documentation:
1. DWC 60 package

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)
10/11/04	G, W4	90887	1	\$00.00
10/11/04	G, W4	99080-N-4	2	\$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 Division Rule 134.202 titled *Medical Fee Guideline* effective August 1, 2003, sets out reimbursement guidelines.

1. CPT code 90887 is defined as interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient. The insurance carrier denied reimbursement based upon "G – Unbundling", and "W4 – No additional reimbursement allowed after review of appeal/reconsideration." Per Rule 134.202 (b) to CPT code 90801 billed on the same day of service, this is a bundled code and is not reimbursable.
2. CPT code 99080 is defined as special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form. The insurance carrier denied reimbursement based upon "G –

Unbundling”, and “W4 – No additional reimbursement allowed after review of appeal/reconsideration.” A review of the CMS-1500 indicates that the Requestor billed CPT 99080-N-4 with 90801 for date of service 10/11/04. Per Rule 134.202, narrative reports are not global and may be reimbursed. A narrative report is defined in Rule 133.106(e) as “...original documents explaining the assessment, diagnosis, and plan of treatment for an injured employee written or orally transcribed. Narrative reports shall provide information beyond that required by prescribed report forms. The narrative reports should be no more than double-spaced on letter size paper. Clinical or progress notes do not constitute a narrative report.”

The Requestor submitted the Psychological Evaluation report to support billing. The report of the psychological evaluation is global to that service. The Requestor did not submit a separate narrative report to support billing; therefore, no reimbursement is recommended.

Therefore it is the conclusion of the Medical Dispute Resolution that additional reimbursement is not due the Requestor.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202

PART VII: DIVISION DECISION

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:

5/16/07

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

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.