



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-A761-01
	Claim #:
	Injured Employee's Name:
Respondent's Name and Box #: TEXAS MUTUAL INSURANCE CO. Box: 54	Date of Injury:
	Employer's Name: TOOL CENTER OF TEXAS INC
	Insurance Carrier's #: 9800000209850

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: "Regarding codes 90887 & 90889 for each date of service, it is this carrier's position that based on the bundled status assigned to this code, no reimbursement is due."

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)
11/08/04	W4, 97, 891, 284	90887	1	\$0.00
11/08/04	W4, 97, 891, 284	90889	2	\$0.00
TOTAL DUE				\$0.00

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 "W4 - No additional reimbursement allowed after review of appeal/reconsideration", "97 - Payment is included in the allowance for another service/procedure", "284 - No allowance was recommended as this procedure has a Medicare status of 'B' (bundled).", and 891 - The insurance company is reducing or denying payment after reconsidering a bill. Per Rule 134.202 (b), this is a bundled code and is not reimbursable.

2. CPT code 90889 billed on 11/08/04 was denied by carrier with denial codes "W4 - No additional reimbursement allowed after review of appeal/reconsideration", "97 - Payment is included in the allowance for another service/procedure", "284 - No allowance was recommended as this procedure has a Medicare status of 'B' (bundled).", and 891 - The insurance company is reducing or denying payment after reconsidering a bill. Per Rule 134.202 (b), this is a bundled code to CPT code 90801 billed on the same date of service and is not reimbursable.

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 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.